No.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certi

Board of Health, City of Baltimore,

Permit No. 12111. OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 27 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 26th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles Reinhardsberg

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, 40 *Years,* *Months,* *Days.*

Color, white *Sex,* male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} married

Occupation, Barkeeper

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany. 11 years in the U. States.

Duration of Residence in the City of Baltimore, 11 years

Place of Death, {Give street and number.} Com of Town & Canal Sts

Cause of Death, First (Primary,) Apoplexie

Second (Immediate,)

Duration of Last Sickness, one day

All the above information should be furnished by the Physician.

Place of Burial, Trinity Church Cemetery

Date of Burial, 28th October

L. E. Reinhard M. D.
Medical Attendant.

Undertaker, M. P. Frey

Place of Business 11 Eastern Avenue *Address* 124 W. Fayette Street.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certi

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6212.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 27 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 25th 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Collin Coy

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 65. *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Cabinet Maker

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 6 yrs

Place of Death, {Give street and number.} No 66 Attidy st

Cause of Death, First (Primary,) Paralysis.
Second (Immediate.)

Duration of Last Sickness, one hour.

All the above information should be furnished by the Physician.

Place of Burial, Fredericksburg Va Geo C Gyle Coroner. M. D.
Medical Attendant.

Date of Burial, Oct 27th 1875

Undertaker, Jos. Lowe

Place of Business, 568 W Balto st *Address* 229 Cary st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Transit 2145.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certi

Board of Health, City of Baltimore,

Permit No. 6213. OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT OCT 27 1875 BALTIMORE

Date of Death, Oct 25, 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Anna Eliza Frist

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, —— *Years,* Five *Months,* 8 Twenty Six *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 173 Saratoga St Balt City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 173 Saratoga St.

Cause of Death, First (Primary,) Teething

Second (Immediate,) Catarhal Pneumonia

Duration of Last Sickness, about ten days.

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem.

Date of Burial, Oct 28th 1875

W. P. Morgan M. D.
Medical Attendant.

Undertaker, Chas. A. Ponder

Place of Business, No 520 W. Balto Address 173 Saratoga St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 62

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Cert.

Board of Health, City of Baltimore,

Permit No. 6214.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT. 27. 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 27th of October 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Rosa Buchholz

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 4 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} German Orphan Asylum, Aisquith St.

Cause of Death, First (Primary,) Chronic Croup.

Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, Oct 29

Undertaker, Chas Reissing

Place of Business, 136 Fayette *Address*

Fred. Hesse M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 62

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this C

Board of Health, City of Baltimore,

Permit No. 6215

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 27 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct. 26 75

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Gertrude E. E. Norris

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, *Years,* *Months,* Three *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 20 West Baltic St.

Cause of Death, First (Primary,) Premature Birth. Not able to nurse.

Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Concordia Lutheran Ch

Date of Burial, Oct. 27 1875

Undertaker, H. G. Wilcars.

Place of Business, Gay St

Edward Miller M. D.

Medical Attendant.

Address 1123 E. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 62[illegible]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certi[illegible]

Board of Health, City of Baltimore,

Permit No. 6216

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 27 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 26 1875

Full Name of Deceased, {Write legibly, and spell correctly. If an infant not named, give names of parents.} John G. Gopfart

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 54 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Teamster

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 30 Years

Place of Death, {Give street and number.} Pennsylvania Avenue

Cause of Death, First (Primary,) Sun Stroke 2 Doors above

Second (Immediate,) Paralysis Corner

Duration of Last Sickness, 4 Months

All the above information should be furnished by the Physician.

Place of Burial, Westernberg Cem. Chas Fawcett M. D.

Date of Burial, Oct 28th 1875 Medical Attendant.

Undertaker, Andrew Leck

Place of Business, 118 Druid Hill Ave Address 93 Mosher St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. (illegible)

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certi(illegible)

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6217.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 26 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} David H Wilson

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 10 *Years,* 6 *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, In life

Place of Death, {Give street and number.} 1033 W. Baltimore St.

Cause of Death, First (Primary,) Hydrocephalus

Second (Immediate,)

Duration of Last Sickness, Three weeks

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cem. J. W. Wiltenberger M. D.

Date of Burial, Oct. 28, 1875 Medical Attendant.

Undertaker, Wm Godwin

Place of Business, 41 Hanover St *Address* 121 W. Monument St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this

Board of Health, City of Baltimore,

Permit No. 6218. OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 27 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, October 27th 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} John Bellinger

Sex, Male or Female, {Cross out the word not required in this line.} ---

Age, ___ *Years,* Eighteen *Months,* ___ *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ---

Occupation, ---

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City Maryland

Duration of Residence in the City of Baltimore, Life Time

Place of Death, {Give street and number.} No. 223 Bethel St

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,) ---

Duration of Last Sickness, One day

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cemetery

Date of Burial, Oct 28th 1875

Undertaker, A. Kehler

Place of Business, 424 Scott

Richard L. Dashiell M. D.
Medical Attendant.

Address 207 E. Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this

Board of Health, City of Baltimore,

Permit No. 6219

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 27 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 26 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wm Christ

Sex, Male or Female, {Cross out the word not required in this line.} .....

Age, 45 *Years,* 2 *Months,* 18 *Days.*

Color, white *Sex,* male

Married, Single, Widow or Widower {Cross out the words not required in this line.} —

Occupation, Cabinet maker

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} N Eden [illegible] near Aliceanna St

Cause of Death, {First (Primary,) Syphilitic Laryngitis (Ulcerated)

{Second (Immediate,)

Duration of Last Sickness, 8 or 9 years

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem Baltimore

Date of Burial, Oct 27th

Undertaker, A. J. Arnold

Place of Business, Eager St & 163 *Address* E St N Ann St

M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this

No. 6

Board of Health, City of Baltimore,

Permit No. 6220.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 27 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct. 27th 1875.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Chas. Thos. Dillon

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, one *Years,* one *Months,* Eleven *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Always

Place of Death, { Give street and number. } No 17 Cumings Ave

Cause of Death, First (Primary,) Cholera Infantum or Gastro-Enteritis

Second (Immediate,) Exhaustion

Duration of Last Sickness, Three days - Med. Attd. 36 hrs.

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetary

Date of Burial, Oct 28th 9 AM.

P. Chapman Jr M. D.
Medical Attendant.

Undertaker, Michael Shilling

Place of Business, Penn & Ave *Address* 98 McCulloh St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this C

No.

Board of Health, City of Baltimore,

Permit No. 6221. OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 27 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 27th

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Adam Miller

Sex, Male or ~~Female,~~ { Cross out the word not required in this line. }

Age, 30 *Years,* —— *Months,* —— *Days.*

Color, White *Sex,* ——

~~*Married, Single, Widow*~~ *or Widower,* { Cross out the words not required in this line. }

Occupation, Baker

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baden-Baden

Duration of Residence in the City of Baltimore, 22 years

Place of Death, { Give street and number. } 94 Castle St.

Cause of Death, { First (Primary,) Phthisis / Second (Immediate,) Hemorrhage

Duration of Last Sickness, 2 years

All the above Information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cem. Jos C Benzinger M. D.

Date of Burial, Oct. 29th Medical Attendant.

Undertaker, W. Diffel

Place of Business, South Bond st 151 *Address* N E Cor Bond & Pratt

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6222

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE!

HEALTH DEPARTMENT 27 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 26th Oct, 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Helen Finlay

Sex, ~~Male~~ *Female,* {Cross out the word not required in this line.}

Age, 55 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

~~*Married, Single,*~~ *Widow or* ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} County Wicklow Ireland

Duration of Residence in the City of Baltimore, 35 years

Place of Death, {Give street and number.} 151 St. Gilson.

Cause of Death, {First (Primary,) Cancer of Stomach,
Second (Immediate,)

Duration of Last Sickness, about Six Weeks.

All the above information should be furnished by the Physician.

Place of Burial, St. Patricks

Date of Burial, Oct. 26

Undertaker, M A Haigh

Place of Business, 74 & 76 Bury

John F. Morrison M. D.
Medical Attendant.

Address Sth. Ca Calvert & Read,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1223,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 27 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, October 27th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Tom Lindemaid

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 57 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Liquor Dealer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 32 years

Place of Death, {Give street and number.} 156 Pearl Street

Cause of Death, First (Primary,) —

Second (Immediate.) Congestion of the brain

Duration of Last Sickness, About a week

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Dec. 29th at 2 O'Clock

Milton A. Taylor M. D.
Medical Attendant.

Undertaker, John Schultheis

Place of Business, 159½ Hollins St. *Address* 1200 E. Fredrick

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this C...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6224

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 27 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 27th 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Emma Alexander Linthicum

Sex, Male or Female, { Cross out the word not required in this line. }

Age, ~~Years,~~ 9 *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 131 Lanvale St

Cause of Death, { First (Primary,) Cholera infantum

Second (Immediate,)

Duration of Last Sickness, five days

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cemetery Thomas Shaw M. D.

Date of Burial, 29th Oct 1875 Medical Attendant.

Undertaker, Wm Deakins Jr & Son

Place of Business, 16 Light St *Address* 97 N. Charles St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The special attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1225

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 27 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Oct 26 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ellen Sarah Price

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* *Months,* *Days.*

Color, Black *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Whole life

Place of Death, {Give street and number.} 25 Pleasant St

Cause of Death, First (Primary,) Pneumonia

Second (Immediate,)

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Oct. 28. 1875

Undertaker, Samuel M. Thomas

Place of Business, 194 S. Howard St. *Address*

[illegible] M. D.
Medical Attendant.

(Or Residence and Number) Balto. Md.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The special attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this.

Board of Health, City of Baltimore,

Permit No. 1226

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 27 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 24 Oct 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Samuel Spencer Child

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 2 hours *Days.*

Color, White *Sex,* male

~~Married, Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 304 Hanover St

Duration of Residence in the City of Baltimore, ———

Place of Death, {Give street and number.} 304 Hanover St

Cause of Death, {First (Primary,) Ismalena Death believed by} {Second (Immediate,) Seven months}

Duration of Last Sickness, ———

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Oct 28th 1875

Undertaker, Chas F Herold

Place of Business, Hanover St

Geo. W. Dixon M. D.
Medical Attendant.

Address 44 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The [illegible] of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of th[illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6227.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 27 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, ~~Oct. 26th~~ 27th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Leanora Boyd

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, Twenty five *Years.* *Months,* Seventeen *Days.*

Color, White *Sex,* female

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 136 Columbia Av.

Cause of Death, First (Primary,) Tumor on the brain

Second (Immediate,) Convulsions followed by effusion on brain

Duration of Last Sickness, About three months

All the above Information should be furnished by the Physician.

Place of Burial, [redacted] Cemetery

Date of Burial, Oct 30

Undertaker, J B Roth

Place of Business 1107 West Baltimore St *Address*

E C Price & Son *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

OVER.

...of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of t...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1228

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 27 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 27

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Lightner

Sex, ~~Male or Female~~, {Cross out the word not required in this line.}

Age, 21 *Years,* *Months,* *Days.*

Color, White *Sex,*

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Servant

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Md.

Duration of Residence in the City of Baltimore, not known

Place of Death, {Give street and number.} Infirmary Lombard & Greene Sts

Cause of Death, First (Primary,) Cirrhosis of Liver

Second (Immediate,) ascites

Duration of Last Sickness, six weeks

All the above information should be furnished by the Physician.

Place of Burial, St Johns in the T. A Ashby M. D.

Medical Attendant.

Date of Burial, Oct. 29th 1875

Undertaker, Julius Koehler *Address* Univ Hospital

Place of Business, Cor Sharp & Cross sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this C... No. ....

Board of Health, City of Baltimore,

Permit No. 6229

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 27 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, October 27th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ariel H. Britton

Sex, ~~Male~~ *Female,* {Cross out the word not required in this line.} Female

Age, 75 *Years,* ——— *Months,* ——— *Days.*

Color, white

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the wor is not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 323 E. Biddle Street

Cause of Death, {First (Primary,) ——— Second (Immediate,)} Old Age

Duration of Last Sickness, ———

All the above information should be furnished by the Physician

Place of Burial, Balto Co

Date of Burial, Oct 28th 1875

Undertaker, H. H. Heckman

Place of Business, 234 N. Gay St

C. Truman M. D. ~~Medical Attendant~~

Address Commiss of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by H. H. Heckman Undertaker

[OVER.]

The Special attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of t... No.

Board of Health, City of Baltimore,

Permit No. 44230 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 27 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Oct. 29th 75

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Laura Virginia Kennard

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 22 *Years,* 4 *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Philadelphia Penna

Duration of Residence in the City of Baltimore, 15 Yrs

Place of Death, {Give street and number.} 178 North Central Ave Baltimore

Cause of Death, First (Primary,) Malarial Poisoning

Second (Immediate,) Convulsions

Duration of Last Sickness, ~~1 H~~ 5 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, Oct 29 1875

Undertaker, Dodds Weaver

Place of Business, No 12 Hubbard Hall Address 18 Hanover St

Geo. H. Hayward M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The [illegible] of Physicians is respectfully invited to the remarks below, and to List of Diseases on back [illegible]

Board of Health, City of Baltimore,

Permit No. 1231

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 27 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, October 28th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Daniel Francis Donohue

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, 12 *Years,* ~~*Months,*~~ ~~*Days.*~~

Color, white *Sex,* male

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.} Single

Occupation, none

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 12 yrs.

Place of Death, {Give street and number.} 641 Dallas St

Cause of Death, {First (Primary,) Dysentery.
{Second (Immediate,)

Duration of Last Sickness, Two days.

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, Oct 30th 1875

{*Undertaker,* Jas. P. Byrne
{*Place of Business,* 63 Front St. *Address* 137 Orleans St

J J Gwyn M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6239

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 27 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Oct 28th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Delia Rop

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 55 *Years,* *Months,* *Days.*

Color, Colored *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Housekeeper

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 5 years.

Place of Death, {Give street and number.} No 18 Wilmor Alley

Cause of Death, First (Primary,) Asthma

Second (Immediate,) Sudden

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Harfet Pond Geo & Oph Comm

Date of Burial, Oct 30 1875

M. D.
Medical Attendant.

Undertaker, Wm Coleman

Place of Business, 63 Parker Av

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The ...ion of Physicians is respectfully invited to the remarks below, and to List of Diseases on back ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6233

The Physician who attended any person in his last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 27 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Oct. 27th 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mary O'Neil

Sex, Male or Female, { Cross out the word not required in this line. } Female.

Age, 1 Years, 1 Months, 15 Days.

Color, White — *Sex,* Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } 504 East Fielder

Duration of Residence in the City of Baltimore, —

Place of Death, { Give street and number. } 1300 N. Bond

Cause of Death, { First (Primary,) Marasmus

Second (Immediate,) 4 Months.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery D. T. Wilson M. D.

Date of Burial, Oct 30th 1875 Medical Attendant.

{ *Undertaker,* Henry H. Mears. *Address* 134 N. Exeter St.

{ *Place of Business,* 45 N. Gay St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No.

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 6234

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 27 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct. 28. 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jennie

Sex, Male or Female, {Cross out the word not required in this line.}

Age, *Years,* 9 *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word is not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Foundling

Duration of Residence in the City of Baltimore, 8 mos

Place of Death, {Give street and number.} St Vincents Infant Asylum

Cause of Death, First (Primary,) Meningitis

Second (Immediate,) Convulsions

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician

Place of Burial, Cathedral Cemetery

Date of Burial, Oct. 29. 1875

Undertaker, Jas. L. Chalmers

Place of Business, 262 Penn^a Ave

Martin Brewer *M. D.*
Medical Attendant.

Address 201 N. Biddle St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 1235,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. OCT 27 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Oct 27 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Cecilia

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Years, Months, 21 Days.

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Illegitimate

Duration of Residence in the City of Baltimore. 21 days

Place of Death, {Give street and number.} St Vincents Dufant Asylum

Cause of Death, {First (Primary.) / Second (Immediate,)} Convulsions

Duration of Last Sickness, 24 hours

All the above information should be furnished by the Physician

Place of Burial, Cathedral Cemetery

Date of Burial, Oct 28. 1875

Marbury Brown M. D.
Medical Attendant.

Undertaker, Jas L. Chalmers

Place of Business, 262 Penn Ave Address 201 W. Biddle Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The [illegible] of Physicians is respectfully invited to the remarks below, and to List of Diseases on back o[illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6236,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT. 27 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Oct 28th 1875.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Wm G Thomas

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, *Years,* 2 *Months,* 1/2 *Days.*

Color, *Sex,*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, 2 1/2 Mths.

Place of Death, { Give street and number. } Prot Sup't Asylum, 163 N. Lombard St

Cause of Death, { First (Primary,) Inanition

{ Second (Immediate,)

Duration of Last Sickness, 2 Mths

All the above information should be furnished by the Physician.

Place of Burial, E. Potters Field

Date of Burial, October 28th 1875

Undertaker, M. Donovan

Place of Business, 148 S. Central Ave

T. S. Latimer M. D.
Medical Attendant.

Address 163 N. Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...of Physicians is respectfully invited to the remarks below, and to List of Diseases on back ...

Board of Health, City of Baltimore,

Permit No. 6237.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 29 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 27th 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Alice Courtenay Hall

Sex, ~~*Male or*~~ *Female,* { Cross out the word not required in this line. }

Age, *Years,* 1 *Months,* 7 *Days.*

Color, Black *Sex,*

Married, Single, ~~*Widow or Widower,*~~ { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, 19 Months

Place of Death, { Give street and number. } 205 N Carey

Cause of Death, { First (Primary,) Teething. / Second (Immediate,) Convulsions

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel cemetery

Date of Burial, ~~*Dated*~~ Oct 29

M. D.
Medical Attendant.

Undertaker, John J Rodermayer Address

Place of Business, N.E. Greenmount Ave & monument St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The ...ion of Physicians is respectfully invited to the remarks below, and to List of Diseases on back

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1238

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 29 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, October 24

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Thos. Shaughnessy

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 45 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.} Married

Occupation, Can Maker

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 19 years.

Place of Death, {Give street and number.} 47 Hillman St.

Cause of Death, {First (Primary,) Pulmonary Phthisis

Second (Immediate.) 4 months

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, Oct 28 1875

{*Undertaker,* James O Byrne

Place of Business, No 63 N Front St

Jno. Brooke Boyle M. D.
Medical Attendant.

Address 174 E. Eager St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death. to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

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...of Physicians is respectfully invited to the remarks below, and to List of Diseases on back ...

Board of Health, City of Baltimore,

Permit No. 1239

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 29 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Baltimore October 27th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Hester ann Colwell

Sex, Male or Female, {Cross out the word not required in this line.} Female Child

Age, Five *Years,* Three *Months,* *Days.*

Color, Colored *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Child

Occupation, Nothing

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore city Md

Duration of Residence in the City of Baltimore, Native

Place of Death, {Give street and number.} No. 394. 6 Front St

Cause of Death, First (Primary,) Enteritis Irritation

Second (Immediate,) Apoplexy

Duration of Last Sickness, Five days

All the above information should be furnished by the Physician.

Place of Burial, Laurel, Amesby

Date of Burial, Oct 29th 74

Undertaker, S W Chase

Place of Business, 181 W Howard St

L B Ayres M. D.
Medical Attendant.

Address No. 146 Hill St
Baltimore
Md

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The [illegible] of Physicians is respectfully invited to the remarks below, and to List of Diseases on back

Board of Health, City of Baltimore,

Permit No. 1240

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 29 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Oct 28

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ann E. Knight

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 47 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 30 Years

Place of Death, {Give street and number.} 265 N Charles St.

Cause of Death, First (Primary,) Phthisis

Second (Immediate,)

Duration of Last Sickness, 15 Years

All the above information should be furnished by the Physician.

Place of Burial, Bath Cemetery

Date of Burial, Oct 30th 1875

A Gaudon Dodd M. D.
Medical Attendant.

Undertaker, Brantner & Denny

Place of Business, 263 Light St *Address* 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...of Physicians is respectfully invited to the remarks below, and to List of Diseases on back ...

Board of Health, City of Baltimore,

Permit No. 12411

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 23 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 28th Oct. 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Laura Weare

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 55 *Years,* ... *Months,* ... *Days.*

Color, White *Sex,* Female

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany - in U.S. 41 yrs

Duration of Residence in the City of Baltimore, 41 yrs

Place of Death, {Give street and number.} 156 S. Charles

Cause of Death, First (Primary,) Asthma

Second (Immediate,) Cardiac Dropsy

Duration of Last Sickness, Two months

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, October 31st 1875

Undertaker, Chas. F. Arnold

Place of Business, 161 Hanover St.

J. H. N. Webster M. D.
Medical Attendant.

Address 57. Barre

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The ...ion of Physicians is respectfully invited to the remarks below, and to List of Diseases on back ...

Board of Health, City of Baltimore,

Permit No. 1242

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 29 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, October 29th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elisabetta Anderson

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 38 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of ~~Residence in~~ the City of Baltimore, 2 months

Place of Death, {Give street and number.} Union Prot. Infirmary

Cause of Death, First (Primary,) Ovarian dropsy

Second (Immediate,) Operation

Duration of Last Sickness, 15 minutes

All the above information should be furnished by the Physician.

Place of Burial, Annapolis

Date of Burial, Oct 30.

Undertaker, A. Lutz,

Place of Business, 118 N. Eutaw

Chas Jewett M. D.
Medical Attendant.

Address 93 Madison St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

(Transit 246)

[OVER.

...spectfully invited to the remarks below, and to List of Diseases on back...

Board of Health, City of Baltimore,

Permit No. 6243, OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT OCT 29 1875 BALTIMORE.

Date of Death, Oct 28th 75

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Solomon Goldsmith

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 66 *Years,* *Months,* *Days.*

Color, white *Sex,* male

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Shoemaker

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany - 26 years in US

Duration of Residence in the City of Baltimore, 26 years

Place of Death, {Give street and number.} No 51 Chesnut St

Cause of Death, First (Primary,) Intemperance & Diarrhoea

Second (Immediate,) (Debility ?) Unknown

Duration of Last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, Oak Shalom Cemetery

Date of Burial, Oct 31st

Undertaker, Wm Elsen

Place of Business, 101 Gough st

Edmund R Walker M. D.
Medical Attendant.
Coroner M. D.

Address 180 Linden Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

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Physicians is respectfully invited to the remarks below, and to List of Diseases on bac

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTI

Permit No. 6204

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 29 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Oct 28th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Barker

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, ____ *Years,* Four *Months,* ____ *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 152 S. Charles St

Cause of Death, First (Primary,) Cerebritis

Second (Immediate,)

Duration of Last Sickness, Four days

All the above information should be furnished by the Physician.

Place of Burial, [illegible]

Date of Burial, Oct 29th 1875

Undertaker, [illegible]

Place of Business, 263 Light

Julius Hall M. D.
Medical Attendant.

Address Southern Dispensary

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The S[illegible] of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK o[illegible]

Board of Health, City of Baltimore,

Permit No. 6245

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT OCT 29 1875 BALTIMORE.

Date of Death, October 28th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Catherine Murray

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 35 Years, — Months, — Days.

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland 25 Years

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 194 Mobtgomery St

Cause of Death, {First (Primary,) Epileptic

Second (Immediate,)

Duration of Last Sickness, All her life

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, October 30th 1875

{Undertaker, Arnett & Denny

{Place of Business, Light St Wharf

James H Chew M. D.
Medical Attendant

Address Commissioners of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by William Preston Brother in law

[OVER.]

Physicians is respectfully invited to the remarks below, and to List of Diseases on back.

Board of Health, City of Baltimore,

Permit No. 9246

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 29 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Oct. 28th, 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Frederick Bell

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 12 *Years,* 7 *Months,* 11 *Days.*

Color, White *Sex,* Male

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, during life

Place of Death, {Give street and number.} Federal St - 2 doors from Bond

Cause of Death, {First (Primary,) Peritonitis

{Second (Immediate,) Cerebral Congestion

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, Oct 30 1875

Undertaker, Chas T. Scriven

Place of Business, 271 N. Eutaw St

W. B. Billingslea M. D.,
Medical Attendant.

Address 212 Harford Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The ... of Physicians is respectfully invited to the remarks below, and to List of Diseases on back ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 6217

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT OCT 30 1875 BALTIMORE

Date of Death, Oct 27 1875.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents } Anna Spilman

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, — *Years,* — *Months,* 5 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } 315 Ht Clair St

Duration of Residence in the City of Baltimore, Life - 5 days

Place of Death, { Give street and number. } 218 Holliday St.

Cause of Death, { First (Primary,) Debility

{ Second (Immediate.)

Duration of Last Sickness, 5 Days

All the above information should be furnished by the Physician.

Place of Burial, Mount Christ

Date of Burial, Oct 30 th

{ *Undertaker,* Mr. M. Keenan

{ *Place of Business,* 732 W Baltimore

F. H. Miller M. D.
Medical Attendant.

Address 121 N. Howard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...of Physicians is respectfully invited to the remarks below, and to List of Diseases on back

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 6248

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT OCT 30 1875 BALTIMORE

Date of Death, Oct 29th 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents } Evelinie Reed

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 13 *Years,* 8 *Months,* *Days.*

Color, White *Sex,*

~~*Married, Single, Widow or Widower,*~~ { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, 13 years

Place of Death, { Give street and number. } 120 S. Caroline St

Cause of Death, First (Primary,) Fibroid tumor

Second (Immediate,) old age

Duration of Last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem.

Date of Burial, Sunday Oct. 31.

Thomas Keenan M. D.
Medical Attendant.

Undertaker, H. W. Jenkinson

Place of Business, 16 Light. *Address* 17 N. Charles St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Physicians is respectfully invited to the remarks below, and to List of Diseases on back

Board of Health, City of Baltimore,

Permit No. 6249

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in *his* last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT OCT 30 1875 BALTIMORE

Date of Death, Oct. 29th 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Joseph Wylie

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Years, Three Months, Days.

Color, White *Sex,* Male

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, [illegible] Known

Place of Death, {Give street and number.} Post Dept. Asylum. 163 N. Lowland

Cause of Death, First (Primary,) Dentition

Second (Immediate,) Not Known

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, E. Potters Field

Date of Burial, October 30th 1875

Undertaker, W. Donovan

Place of Business, 148 S. Central Av Address 163 N Lowland.

T. L. Latimer, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...physicians are respectfully invited to the remarks below, and to List of Diseases &c...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTI...

Permit No. 6250

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately fil... out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 30 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 29th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Grace A. Blessing

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, *Years,* 14 *Months,* 2 3 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt. City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 148 N. High St

Cause of Death, {First (Primary,) Consumption Bowels

{Second (Immediate,)

Duration of Last Sickness, Six months.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Oct 31st/75

Medical Attendant. G. H. Boyer M. D.

{*Undertaker,* Geo. Schilling *Address* 134 N. High.

{*Place of Business,* cor Lisquith & Monument st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...spectfully invited to the remarks below, and to List of Diseases on Ba...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTI...

Permit No. 6251,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 30 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 28th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Maurice Albaugh

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 5 4 *Years,* 8 *Months,* 13 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Government Officer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Frederic City Md

Duration of Residence in the City of Baltimore, 8 Years

Place of Death, {Give street and number.} 150 Paca St

Cause of Death, First (Primary,) Locomotor Ataxy

Second (Immediate,) Convulsions

Duration of Last Sickness, 3 years & 4 mo

All the above information should be furnished by the Physician.

Place of Burial, Frederick Md

Date of Burial, Oct 31 st

Undertaker, Wm J. Tickner

Place of Business, 65 S. Eutaw st

Address 76 S Paca St

I H Murray *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

(Transit 247)

The ...ion of Physicians is respectfully invited to the remarks below. and to List of Diseases on bac...

Board of Health, City of Baltimore,

Permit No. 1252

OFFICE OF REGISTRAR OF VITAL STATISTIC...

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 30 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 28th "76

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sarah Frances Page

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, *Years,* 10 *Months,* *Days.*

Color, Colored *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 60 Orleans St.

Cause of Death, { First (Primary,) Tuberculous Meningitis
Second (Immediate,)

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Israel's Cemetery

Date of Burial, Oct 30

Undertaker, John C Jordan

Place of Business, 63 Park Ave

E. H. Miller, M. D.
Medical Attendant.

Address 87 N. Gay St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATIS

Permit No. 4258

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately f* *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, o sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 30 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct. 29th, 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Andreas Jurgaitis

Sex, Male ~~or Female,~~ { Cross out the word not required in this line. }

Age, *Years,* *Months,* 6 *Days.*

Color, White *Sex,*

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, since birth

Place of Death, { Give street and number. } 270 S. Dallas St.

Cause of Death, { First (Primary,) / Second (Immediate,) } Convulsions

Duration of Last Sickness, eight hours.

All the above information should be furnished by the Physician.

Place of Burial, St. Francis

Date of Burial, 30th October

A. F. Erich *M. D.*
Medical Attendant.

Undertaker, Leonhart Kurz *Address* 94 S. Broadway

Place of Business, 277 ~~South~~ Bond Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATIST

Permit No. 6257

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately* ... *out*, to the undertaker or other person superintending the burini, within *twenty-four hours* after the death of said deceased, o... sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct - 29th - 1875 -

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } James Daily -

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, 25 - *Years,* *Months,* *Days.*

Color, White *Sex,* male

Married, ~~Single, Widow or Widower~~, { Cross out the words not required in this line. }

Occupation, Laborer -

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Ireland -

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } No - 1 - Cooper St -

Cause of Death, { First (Primary,) Phthisis - Second (Immediate,)

Duration of Last Sickness, Six months -

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, October 31st 1875

R. H. Goldsmith M. D.
Medical Attendant.

Undertaker, Jas S. Chalmers

Place of Business, 262 Penn° Ave *Address* No. 125 N. Charles St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The ... Physicians is respectfully invited to the remarks below, and to List of Diseases on back.

Board of Health, City of Baltimore,

Permit No. 6253 OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 30 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Oct. 29th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Robert Owens

~~*Sex*~~, *Male or* ~~*Female*~~, {Cross out the word not required in this line.}

Age, 61 *Years,* *Months,* *Days.*

Color, white *Sex,* M

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Ferryman

Birthplace, {State or country (and how long in the United States, if of foreign birth.} St. Mary's Co. Md.

Duration of Residence in the City of Baltimore, 31 yrs.

Place of Death, {Give street and number.} 200 S. Wolf

Cause of Death, First (Primary,) Paralysis of Brain

Second (Immediate,)

Duration of Last Sickness, 5 hrs.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, 31 Oct 75

Undertaker, J. Cohen

Place of Business, 36 Thames St

R. W. Mansfield M. D.
Medical Attendant.

Address 117 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Physicians is respectfully invited to the remarks below, and to List of Diseases on bac

Board of Health, City of Baltimore,

Permit No. 1256

OFFICE OF REGISTRAR OF VITAL STATIST

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 30 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Oct 30th 75

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Adams

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 21 *Years,* *Months,* *Days.*

Color, Colored *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Cook

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Caroline Co. Md.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 16 Jessup Sq. Av.

Cause of Death, {First (Primary,) Burned to death.
{Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Oct 31st 1875

{*Undertaker,* Wright & Co
{*Place of Business,* 68 S. Broadway Address 143 S. Broadway

C. Edward Miller M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 6257 OFFICE OF REGISTRAR OF VITAL STATIST

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately fil out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 30 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, October 29th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Robt Smith

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, 4 *Years,* *Months,* *Days.*

Color, light Brown *Sex,* Male

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} Single

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 4 years

Place of Death, {Give street and number.} No 14 St Mary st

Cause of Death, First (Primary,) Typhoid Fever

Second (Immediate,) Meningitis

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Israel Cemetery

Date of Burial, Oct 31

B F. Bohrer M. D.

Medical Attendant.

Undertaker, John C Jordon

Place of Business, 63 Park Ave

Address Cor Dolphin & Druid Hill Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...physicians are respectfully invited to the remarks below, and to List of Diseases on ba...

Board of Health, City of Baltimore,

Permit No. 1258 / OFFICE OF REGISTRAR OF VITAL STATIST...

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately fil... out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 30 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Oct 27 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Grafton Hammond

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, ~~Years,~~ Six *Months,* ~~Days.~~

Color, Black *Sex,* Male

Married, Single, ~~Widow or Widower~~; { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Six months

Place of Death, { Give street and number. } No 5 Water ct.

Cause of Death, { First (Primary,) Marasmus

Second (Immediate,)

Duration of Last Sickness, 5 days.

All the above information should be furnished by the Physician.

Place of Burial, Israel Cemetery

Date of Burial, Oct 30

{ *Undertaker,* John C Gorden
{ *Place of Business,* 63 Park Ave

M. D.
Medical Attendant.

Address 314 N. Gilmor

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 1259 — OFFICE OF REGISTRAR OF VITAL STATIS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately* [illegible] *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 30 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct. 30th 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Dinah Cornish

Sex, ~~Male~~ or *Female,* { Cross out the word not required in this line. }

Age, 75 *Years,* *Months,* *Days.*

Color, colored *Sex,*

~~Married, Single~~ *Widow* ~~or Widower~~ { Cross out the words not required in this line. }

Occupation, servant

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Maryland

Duration of Residence in the City of Baltimore, twelve years.

Place of Death, { Give street and number. } 173 S. Dallas St.

Cause of Death, { First (Primary,) Old age
Second (Immediate.) six weeks.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Cambridge Md

Date of Burial, Oct 31.

Undertaker, John W. Locke

Place of Business, 59 S. Wolfe St

A. H. Erich *M. D.*
Medical Attendant.

Address 914 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Transit 248

[OVER.

Board of Health, City of Baltimore,

Permit No. 6260 OFFICE OF REGISTRAR OF VITAL STATIST

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately f* *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, o sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT OCT 30 1875 BALTIMORE

Date of Death, Oct 29

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sarah J. Anderson

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* — *Months,* 12 *Days.*

Color, Black. *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore, Since Birth

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 134 York St

Cause of Death, {First (Primary,) Second (Immediate,) Pneumonia

Duration of Last Sickness, 27 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery *Richard Cox* M. D.

Date of Burial, Oct 30th 75 Medical Attendant.

Undertaker, John B. Williams

Place of Business, 167 Lee St *Address* ~~No.~~ 146 Bowers St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

Permit No. 1211 OFFICE OF REGISTRAR OF VITAL STATIS

The Physician who attended any person in a last Illness is responsible for the presentation of this Certificate, *accurately* ... *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, ... sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT OCT 30 1875 BALTIMORE.

Date of Death, Oct: 29th '75

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Solomon Freeman

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 26 *Years,* —— *Months,* *Days.*

Color, colored *Sex,* male

Married, ~~Single, Widow or Widower~~, { Cross out the words not required in this line. }

Occupation, Oyster Schuchan

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Balt City

Duration of Residence in the City of Baltimore, All life

Place of Death, { Give street and number. } Foot of Fell Street Basin Dock

Cause of Death, { First (Primary,) / Second (Immediate,) } Accidental Drowning

Duration of Last Sickness, Sudden death

All the above information should be furnished by the Physician.

Place of Burial, ~~Oct~~ Laurel Cemetery

Date of Burial, Oct. 30 1875 Edw. D. Walker M. D.

Medical Attendant

Undertaker, Jas H Davis

Place of Business, No 12 Saratoga st *Address* Coroner N. P. Dist 180 Linden Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...respectfully invited to the remarks below, and to List of Diseases on ...

Board of Health, City of Baltimore,

Permit No. 4264 — OFFICE OF REGISTRAR OF VITAL STATIS...

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 30 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, October 30th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Louis Binder

~~Sex~~, *Male* ~~or Female~~, {Cross out the word not required in this line.}

Age, 23 *Years,* 7 *Months,* 0 *Days.*

Color, White *Sex,*

~~Married~~, *Single,* ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Cigarmaker

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 23 Years.

Place of Death, {Give street and number.} N Fremont St No: 311

Cause of Death, {First (Primary,) / Second (Immediate,)} Consumption

Duration of Last Sickness, Six months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, November 1st 1875

John S. Fitzer *M. D.*
Medical Attendant.

{*Undertaker,* Chas Reidemeyer
Place of Business, 518½ W. Baltimore St, *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...ysicians is respectfully invited to the remarks below, and to List of Diseases on ...

Board of Health, City of Baltimore,

Permit No. 1213 OFFICE OF REGISTRAR OF VITAL STATISTI...

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 30 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 29 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Edward Francis Lewis

~~*Sex,*~~ *Male* ~~*or Female,*~~ {Cross out the word not required in this line.}

Age, 5 *Years,* 10 *Months,* 20 *Days.*

Color, White *Sex,* Male

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Child

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Washington D C

Duration of Residence in the City of Baltimore, 6 years this

Place of Death, {Give street and number.} No 9 N Spring

Cause of Death, First (Primary,) Scarlet fever

Second (Immediate,) Anasarca

Duration of Last Sickness, 1 month

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, 31st Oct 1875

Wm H Jarvis M. D.
Medical Attendant.

Undertaker, George C Rodenmyer

Place of Business, 1382 Hanover St *Address* No 308 N Eden St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATIST

Permit No. 62641

The Physician who attended any person in a last Illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 31 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Oct 31st

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mrs Ann E. Lurman

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 72 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Widow

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore County

Duration of Residence in the City of Baltimore, September 1873

Place of Death, { Give street and number. } 262 N Paca St

Cause of Death, { First (Primary,) Diphtheria
Second (Immediate,) Cholera Morbus 1 week

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery Lot [illegible]

Date of Burial, October 31st 1875

[illegible] M. D.
Medical Attendant.

Undertaker, Jos. [illegible] *Address* [illegible]

Place of Business, 568 W Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 6265 OFFICE OF REGISTRAR OF VITAL STATIS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately fil[led] out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 31 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 29th Oct 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Sarah E. Cuny

Sex, ~~Male or~~ *Female,* { Cross out the word not required in this line. }

Age, *Years,* 7 *Months,* 5 *Days.*

Color, Black *Sex,*

~~Married~~, *Single,* ~~Widow or Widower~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, From birth, 7 Years

Place of Death, { Give street and number. } 42 Shuter St

Cause of Death, { First (Primary,) Congestion of Brain

{ Second (Immediate,) Convulsions 24 Hrs

Duration of Last Sickness, 2 Days

All the above information should be furnished by the Physician.

Place of Burial, Lowell Cemetery

Date of Burial, Oct 31st 1875

Undertaker, Wm H. Jungel

Place of Business, 16 10th East *Address* Broadway & Madison St.

Wm. H. Hamm M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...physicians is respectfully invited to the remarks below, and to list of diseases on ...

Board of Health, City of Baltimore,

Permit No. 6266

OFFICE OF REGISTRAR OF VITAL STATIST...

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT OCT 31 1875 BALTIMORE

Date of Death, Oct 30-75

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Violet Dampson

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.} Female

Age, — *Years,* 3 *Months,* 2 8 *Days.*

Color, Black *Sex,* Female

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, Whole lifetime

Place of Death, {Give street and number.} 28 Forest St

Cause of Death, {First (Primary,) Convulsions / Second (Immediate,)

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetry

Date of Burial, Oct 31st 1875

D Webster Cattell M. D.
Medical Attendant.

{*Undertaker,* Wm H. Jungen
{*Place of Business,* No 104 East St

Address 14 & Lexington St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 6267 OFFICE OF REGISTRAR OF VITAL STATI

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately* [illegible] *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, [illegible] sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 30 1895

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Thos Finley

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 35 *Years,* ——— *Months,* ——— *Days.*

Color, White *Sex,* Male

Married, ~~Single Widow Widower~~, {Cross out the words not required in this line.}

Occupation, Baker

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Philadelphia Pa.

Duration of Residence in the City of Baltimore, 14 years

Place of Death, {Give street and number.} Bath Hotel 412 Lexington St

Cause of Death, First (Primary,) Debauch

Second (Immediate,) Embolism

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, Oct 31 1895

Ally L. Ransone M. D.
Medical Attendant.

Undertaker, James P Rhyne

Place of Business, No 63 W Front *Address* Bay View Asylum Balto Co Md

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on B

Board of Health, City of Baltimore,

Permit No. 6268 OFFICE OF REGISTRAR OF VITAL STATISTIC

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT OCT 31 1875 BALTIMORE

Date of Death, October 30th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Infant Child of Ellen Nicklas

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 8 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number.} No 11 Stockton alley

Cause of Death, {First (Primary,) Spasms

{Second (Immediate,) .....

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, October 31st 1875

Undertaker, Wm. T. Dunger

Place of Business, 104 East St.

James H. Stewart M. D.
Medical Attendant.

Address Commissioners of Health
& Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 6269 OFFICE OF REGISTRAR OF VITAL STATI

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately* ... *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 31 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 29th October 75.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Ellen Quinn

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 30 *Years,* — *Months,* — *Days.*

Color, Colrd. *Sex,* —

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Married

Occupation, Wife

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Co. Galway Ireland

Duration of Residence in the City of Baltimore, 14 Years.

Place of Death, { Give street and number. } 49 Constitution st.

Cause of Death, { First (Primary,) Apple 7 11 / Second (Immediate,) —

Duration of Last Sickness, 2 days.

All the above information should be furnished by the Physician.

Place of Burial, Old Catholic

Date of Burial, Nov 1 1875

Geo. H. Hermann M. D.
Medical Attendant.

{ *Undertaker,* James O'Bym
{ *Place of Business,* No 63 Mc Henry *Address* 133 N. Eu st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATI

Permit No. 6270

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately* ... *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, o... sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 31 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Oct 29. 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Margaett Ann Dun

Sex, Male or Female, { Cross out the word not required in this line. } X

Age, 61 *Years,* *Months,* *Days.*

Color, Colored *Sex,* X

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Married

Occupation, House keeper

Birthplace, { State of country (and how long in the United States, if of foreign birth. } Kent Island Queen Ann's Co Md

Duration of Residence in the City of Baltimore, 31 years

Place of Death, { Give street and number. } 141 Hill st

Cause of Death, { First (Primary,) Heart Disease
Second (Immediate,) 15 hours

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mount Zion Cemetery

Date of Burial, Oct 31 75

Undertaker, H Mc Chase

Place of Business, 19 S Howard st *Address* 33 Sharp st

Wm G Knowles M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 6271 OFFICE OF REGISTRAR OF VITAL STAT

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately* out, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT OCT 31 1875 BALTIMORE

Date of Death, Oct 29th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mrs. Martha Ellen Valentine

Sex, ~~*Male or Female,*~~ {Cross out the word not required in this line.}

Age, 60 *Years,* 4 *Months,* 18 *Days.*

Color, Colrd *Sex,* Female

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Frederick Co.

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give street and number.} 185 Henrietta st

Cause of Death, First (Primary,) Rheumatism

Second (Immediate,) Paralysis of Heart

Duration of Last Sickness, 3 or 4 Month

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Oct 31 1875

Undertaker, [illegible]

Place of Business, [illegible] Howard st

Geo. W. Benson M. D.
Medical Attendant.

Address 114 Hanover st City

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 6272 OFFICE OF REGISTRAR OF VITAL STATI

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately* [illegible] *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, [illegible] sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT OCT. 31 1875 BALTIMORE

Date of Death, Baltimore October 30th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henrietta Dixon

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Eighty five *Years,* *Months,* *Days.*

Color, Colored *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation, Laundress

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Dorchester Co Maryland

Duration of Residence in the City of Baltimore, Fifty three Years

Place of Death, {Give street and number.} No 12 Rees's alley

Cause of Death, First (Primary,) Asthma

Second (Immediate,) Hydrothorax

Duration of Last Sickness, Three months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery J. D. Dyer M. D.

Medical Attendant.

Date of Burial, Oct 31 75

Undertaker, W. M. Chase

Place of Business 198 S Howard St *Address* No 146 Hill St. Baltimore Md

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 6273 OFFICE OF REGISTRAR OF VITAL STATI

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately* out, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 31 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, October 31st 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ellen Appel

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Thirty Nine *Years,* Three *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland.

Duration of Residence in the City of Baltimore, Twenty four Years

Place of Death, {Give street and number.} 917 Thirteen St

Cause of Death, {First (Primary,) Consumption,
Second (Immediate,)

Duration of Last Sickness, One Day.

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, November 1st 1875

{*Undertaker,* George Frechtl
Place of Business, 339 Canton Av

Nicholas L. Dorsett M. D.
Medical Attendant.

Address 207 S Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

...respectfully invited to the remarks below, and to List of Diseases on ...

Board of Health, City of Baltimore,

Permit No. 6274 OFFICE OF REGISTRAR OF VITAL STATI...

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, if not sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 31 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, October 30th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Joanna Carroll

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Seventy Six *Years,* ten *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Chester County Pennsylvannia

Duration of Residence in the City of Baltimore, Fifty years

Place of Death, {Give street and number.} N 215 Forest St

Cause of Death, First (Primary,) Asthenia

Second (Immediate,) Pneumonia

Duration of Last Sickness, Five days

All the above information should be furnished by the Physician.

Place of Burial, Cathedral B. G.

Date of Burial, Nov. 1st 1875

Undertaker, Jas. F. Ryan

Place of Business, Forest St. *Address*

T. Whetard M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

Permit No. 6275 OFFICE OF REGISTRAR OF VITAL STAT

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTRAR'S DEPARTMENT NOV 1 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, October 31st 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Katie Olivia Birmingham

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, Years, Nine Months, Seven Days.

Color, White Sex, Female

~~Married~~, Single, ~~Widow or Widower~~; {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Nine months & one week

Place of Death, {Give street and number.} #420 N. Eden St

Cause of Death, First (Primary,) Tubercular Meningitis

Second (Immediate.) Convulsions

Duration of Last Sickness, Three weeks

All the above information should be furnished by the Physician.

Place of Burial, Bell County

Date of Burial, November 1 1875

Undertaker, Wm Fry

Place of Business, 54 & Broadway

A. Hartman M. D.
Medical Attendant.

Address #305 N Caroline St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 8276 OFFICE OF REGISTRAR OF VITAL STA

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct. 31 st

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mrs ~~Thomson~~ Holly Harvard

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, about 73 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Widow

Occupation, —

Birthplace, { State or country (and how long in the United States, if of foreign birth. } — Pennsylvania

Duration of Residence in the City of Baltimore, 60 years

Place of Death, { Give street and number. } Madison St 2nd door from Eutaw

Cause of Death, First (Primary,) Typhus Fever

Second (Immediate,)

Duration of Last Sickness, Four days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Nov 3d

Wm Thomas M. D.
Medical Attendant.

Undertaker, Geo W Spence

Place of Business, 206 Forest St *Address* 131 N. Charles St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

PHYSICIANS IS RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on ...

Board of Health, City of Baltimore,

Permit No. 6277

OFFICE OF REGISTRAR OF VITAL STATIS...

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if required so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 30th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George F. Frazier

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, Years, Two (2) Months, Nine (9) Days.

Color, White

Married, Single, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 375 Eastern Ave.

Cause of Death, {First (Primary.) Second (Immediate.)} Diarrhoea

Duration of Last Sickness, Four (4) Days

All the above information should be furnished by the Physician

Place of Burial, Mount Carmel Cemetery

Date of Burial, Nov. 1st 1875

Undertaker, Hughes & Co

Place of Business, 65 S Broadway

G. L. Wilkins M. D.
Medical Attendant

Address 67 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 1278 OFFICE OF REGISTRAR OF VITAL STAT

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately* [illegible] *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 1 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 30th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John H. Pimp

Sex, Male or Female, {Cross out the word not required in this line.} .....

Age, 8 mos *Years,* 2 mos *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} S

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 42 E. Washington st

Cause of Death, { First (Primary,) Cephalitis
Second (Immediate,) .....

Duration of Last Sickness, 2 hours 1 day

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, November 1st 1875

Nicholas L. Bathurst M. D.
Medical Attendant.

{ *Undertaker,* Haughes & Leo
{ *Place of Business,* 65 Broadway *Address* 21 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

A K S A F E T

Board of Health, City of Baltimore,

Permit No. 10,279 OFFICE OF REGISTRAR OF VITAL STATI

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 1 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 31

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Caroline Gant

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 57 *Years,* 0 *Months,* 0 *Days.*

Color, Colored *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Washerwoman

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Jefferson Co Virginia

Duration of Residence in the City of Baltimore, 15 Years

Place of Death, {Give street and number.} 1057 N. Dallas st Baltimore

Cause of Death, First (Primary,) Carcinoma Uteri

Second (Immediate,) General Dropsy

Duration of Last Sickness, 18 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, November 1st 1875

John H. Conner M. D.
Medical Attendant.

Undertaker, William A. Craig

Place of Business, No 114 East St. Address N. W. Cor Broadway & Wall

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

K O D

Board of Health, City of Baltimore,

Permit No. 1280

OFFICE OF REGISTRAR OF VITAL STATI

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately fi... out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct. 30th 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Chas E. Nash.

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 9 *Months,* 23 *Days.*

Color, —— *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, ——

Place of Death, {Give street and number.} 102 Johnson St.

Cause of Death, {First (Primary,) / Second (Immediate,)} Convulsions.

Duration of Last Sickness, two days

All the above information should be furnished by the Physician.

Place of Burial, Mount Clint Cemetery

Date of Burial, November 1st 1875

R. J. H. Tall M. D.
Medical Attendant.

{*Undertaker,* Charles F. Herbert
{*Place of Business,* 161 Hanover St. *Address* 15 & 8. S. Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 1281 — OFFICE OF REGISTRAR OF VITAL STATI...

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately fil... out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, o... sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 1st 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sarah A. Adams

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} —

Age, 27 *Years,* — *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married —

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} New Hampshire

Duration of Residence in the City of Baltimore, 2 Years

Place of Death, {Give street and number.} 112 Eager St Balto

Cause of Death, First (Primary,) Consumption

Second (Immediate,)

Duration of Last Sickness, 8 months.

All the above information should be furnished by the Physician.

Place of Burial, Haverhill Mass

Date of Burial, Nov 1875

O S Mahon M. D.
Medical Attendant.

Undertaker, Henry W. Mears

Place of Business, 45 N Gay St *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

(Transit 250)

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATI

Permit No. 1282

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately fi* *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, o sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 31 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Alice A Gilles

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 63 *Years,* *Months,* 3 *Days.* 5

Color, White *Sex,* Female

~~Married, Single~~, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Halifax N.S.

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give street and number.} 182 Fremont st

Cause of Death, First (Primary,) Apoplexy

Second (Immediate,) Paralysis

Duration of Last Sickness, 14 months

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem

Date of Burial, Nov 2d 1875

J. W. Webster M. D.
Medical Attendant.

Undertaker, John Thatcher

Place of Business, No 150 Canton *Address* 37 Barre st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...ysicians is respectfully invited to the remarks below, and to List of Diseases on ...

Board of Health, City of Baltimore,

Permit No. 6283,

OFFICE OF REGISTRAR OF VITAL STATIST...

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 31, 1895

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Elizabeth Luber

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 2 *Years,* 2 *Months,* — *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 253 N. Ceuth. Aven.

Cause of Death, {First (Primary,) General Convulsions

{Second (Immediate.) (Malaina)

Duration of Last Sickness, 12 hours.

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cem Ty

Date of Burial, 1 of November.

Abram B Arnold M. D.
Medical Attendant.

Undertaker, Adam Finck.

Place of Business, 461 N. Gay St. *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 1284 — Office of Registrar of Vital Statis

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Died Oct. 31st 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Jane McHenry Sanders

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Years, 7 Months, 1 Days 19

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Vincent St. No. 35

Cause of Death, {First (Primary.) Bilious Fever terminating

Second (Immediate,) in Spasms

Duration of Last Sickness, 4 days illness

All the above information should be furnished by the Physician

Place of Burial, Laurel Cemetery

Date of Burial, Nov 1st

C. Black M. D.
Medical Attendant.

Undertaker, John P. Sanders

Place of Business, 66 Frederick Ave

Address 668 W. Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 6285 — OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Octo. 31st 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Reese

Sex, Male or Female, {Cross out the word not required in this line.} F

Age, ____ *Years,* ____ *Months,* 6 *Days.*

Color, Pr *Sex,* F

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, ____

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 27 Walnut alley

Duration of Residence in the City of Baltimore, ____

Place of Death, {Give street and number.} 27 Walnut alley

Cause of Death, First (Primary,) Infantile Convulsions

Second (Immediate,) 2 days

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, Nov. 1

Undertaker, M. Kelly

Place of Business, 22 Penna ave

C Winslow M. D.
Medical Attendant.

Address 23 W Cullen St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STAT

Permit No. 6284

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately fil* *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 31st 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Annie M. Parker

Sex, Male or Female, {Cross out the word not required in this line.}

Age, fifty — Years, Eight — Months, Twenty two Days.

Color, White *Sex,* female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore city

Duration of Residence in the City of Baltimore, her ~~[illegible]~~ life time

Place of Death, {Give street and number.} No 213 Townsend Street, city

Cause of Death, First (Primary,) Phthisis

Second (Immediate.)

Duration of Last Sickness, Two Months

All the above information should be furnished by the Physician.

Place of Burial, St. Pauls Cemetery

Date of Burial, Nov 3rd 1875

Undertaker, W. Jenkins & Son

Place of Business, 16 Light St. *Address*

Wm H Davis M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...spondents is respectfully invited to the remarks below, and to List of Diseases on ...

Board of Health, City of Baltimore,

Permit No. 6287

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last Illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct. 31st 76

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wm. C. Stallings

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, *Years,* 3 *Months,* 1 *Days.*

Color, White *Sex,* Male

~~Married, Single,~~ Widow or Widower, {Cross out the words not required in this line.}

~~Occupation,~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 126 E Biddle

Cause of Death, {First (Primary,) Catarrh / Second (Immediate,) Scarlet Fever

Duration of Last Sickness, 2 Days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Nov 2 1876

D. Geo. A Bayer M. D.
Medical Attendant.

Undertaker, Murphy

Place of Business, 54 N Broadway *Address* 18 Asquith St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 4288 OFFICE OF REGISTRAR OF VITAL ST...

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of such deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 31 1875.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Amelia Diggs

Sex, ~~Male or~~ Female, { Cross out the word not required in this line. }

Age, 83. *Years,* *Months,* *Days.*

Color, White, *Sex,*

~~Married, Single~~, Widow ~~or Widower~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Hagerstown Md

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 176 McHenry st, Addition,

Cause of Death, { First (Primary.) Second (Immediate.) }

Duration of Last Sickness, 9 Months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Co. Md.

Date of Burial, November 2

Undertaker, J B Cook

Place of Business, 707 West Baltimore Address

J. Ind. L. Kinzer M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 4289

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said Deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct. 31st 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Geo. P. Wilson

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, *Years,* 2 1/2 *Months,* *Days.*

Color, *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Prot. S. A. Asylum 1631 N. Lowford

Cause of Death, {First (Primary,) Examination
Second (Immediate,) Three Weeks

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, E. Potters Field

Date of Burial, Nov 1st 1876

T. J. Lehnert M. D.
Medical Attendant.

Undertaker, Wm Donovan

Place of Business, 148 S. Central Av *Address* 1631 N Lowford

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 1290

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT NOV 5 BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 31st 1895

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mrs. Elizabeth McCann

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 63 *Years,* — *Months,* — *Days.*

Color, White *Sex,*

Married, ~~Single,~~ Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 5. North Gay St

Cause of Death, { First (Primary,) / Second (Immediate,) Intestinal Obstruction

Duration of Last Sickness, Ten days

All the above Information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Nov 2nd

P. H. McShane M. D.
Medical Attendant.

Undertaker, Jno. H. Leonard

Place of Business, 752 N. Baltimore *Address* 752 Nat Hospital St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish in forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate ng forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person sed, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Physicians is respectfully invited to the remarks below, and to List of Diseases on

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1291

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 30 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Willias J. Stewart

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 26 *Years,* *~~Months~~,* *~~Days~~.*

Color, Colard *Sex,*

~~Married~~, Single, ~~Widow~~ or Widower, {Cross out the words not required in this line.}

Occupation, Barber

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, all the time

Place of Death, {Give street and number.} No 26 Halliday St

Cause of Death, First (Primary,) Consumption

Second (Immediate,)

Duration of Last Sickness, 3 years

All the above information should be furnished by the Physician.

Place of Burial, Lowell Cemetery

Date of Burial, November 1 3 o'clock

M. D.
Medical Attendant.

Undertaker, Peter Gardner

Place of Business, 63 Park Ave *Address* No 23 Bath St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...ATTENTION IS RESPECTFULLY INVITED TO THE REMARKS BELOW, AND TO LIST OF DISEASES OR...

Board of Health, City of Baltimore,

Permit No. 1292 — OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 1st 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Chrissenia Byers

Sex, ~~Male~~ *Female,* {Cross out the word not required in this line.} Female

Age, 18 Hours — ~~Years~~, ~~Months~~, ~~Days~~.

Color, White

~~Married~~, ~~Single~~, ~~Widow or Widower~~, {Cross out the wor is not required in this line.}

~~Occupation~~,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} No 188 Caroline st.

Cause of Death, {First (Primary,) Sickness of the Mother; Second (Immediate,) Premature birth

Duration of Last Sickness,

All the above information should be furnished by the Physician

Place of Burial, St Michaels Cemetery

Date of Burial, 2nd November 1875

Undertaker, Francis Cramer

Place of Business 211 Canton Avenue

Thomas B. Evans M. D.
Medical Attendant.

Address No 18 Jackson Square

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

VITAL STATISTICS NOV BALTIMORE

Permit No. 1293

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 31 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Thomas Ford

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.} Male

Age, between 20 and 25 Years, ——— Months, ——— Days.

Color, Black *Sex,* male

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Waiter

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, about 40 years

Place of Death, {Give street and number.} Baltimore 139 N. Charles St

Cause of Death, {First (Primary,) Unknown

{Second (Immediate,) Sudden

Duration of Last Sickness, one day

All the above information should be furnished by the Physician.

Place of Burial, Loudon Co. Md

Date of Burial, Oct 31 1875

Wm H Davis M. D.
Medical Attendant.

Undertaker, Wm H Gray

Place of Business, 63 Madison St *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2 And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Physicians is respectfully invited to the remarks below, and to List of Diseases on

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6294

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct. 31 /75

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Catharine Kelly

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ——— *Years,* 11 *Months,* 11 *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line} ———

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} city

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 31 Little Front St

Cause of Death, First (Primary,) Diarrhoea

Second (Immediate,)

Duration of Last Sickness, 6 days.

All the above information should be furnished by the Physician.

Place of Burial, St. Patrick's

Date of Burial, Nov 1st 1875

Abram B. Arnold M. D.
Medical Attendant.

Undertaker, Jas O Byrne

Place of Business, 63 Grant St *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 6295 OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 31 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Absolum L. Shields

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 57 *Years,* *Months,* 14 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Shoemaker

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, 57 years

Place of Death, {Give street and number.} 44 Pine Street

Cause of Death, {First (Primary,) Consumption
{Second (Immediate,) Debility

Duration of Last Sickness, Two years

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem.

Date of Burial, Nov 1st 1875

Geo G Brown M. D.
Medical Attendant.

{*Undertaker,* Jacob Thum
{*Place of Business,* 446 Broad Hill Avenue

Address 255 W Fayette

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 6296

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 1895 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 31st Midnight 1895

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Christina Feil

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 77 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Mr Widow

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Hassendornetrah Germany

Duration of Residence in the City of Baltimore, 43 Years

Place of Death, {Give street and number.} 111 S. Caroline Street

Cause of Death, First (Primary,) Cerebral Pneumonia

Second (Immediate,)

Duration of Last Sickness, 10 Days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery James E Donnelly M. D.

Date of Burial, Nov. 2 d. Medical Attendant.

Undertaker, Michael Hunt.

Place of Business, No. 35 Bank St. *Address* 299 E. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

Permit No. 6297 — OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 21st, 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George Edward Alexander Mannikle.

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Four (4) *Years,* Eight (8) *Months,* ——— *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City.

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} No. 112 Parkin Street

Cause of Death, First (Primary,) Pneumonia

Second (Immediate,) Exhaustion

Duration of Last Sickness, Two (2) Weeks.

All the above information should be furnished by the Physician.

Place of Burial Western Cemetery

Date of Burial, Nov. 2d. 1875

Undertaker, J. Mackey,

Place of Business, Cor. Camden & Pacas Sts.

Jno. Dalsheimer M. D.
Medical Attendant.

Address No. 45, N. Howard St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

OVER

PHYSICIANS IS RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on [illegible]

Board of Health, City of Baltimore,

Permit No. 6298

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 31 October 1895

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Frances

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, *Years,* *Months,* 14 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Foundling

Duration of Residence in the City of Baltimore. 6 days

Place of Death, {Give street and number.} St. Vincents Infant Asylum

Cause of Death, {First (Primary,) Atrophy

{Second (Immediate,) Convulsions

Duration of Last Sickness, 10 hours

All the above information should be furnished by the Physician

Place of Burial Cathedral Cemetery

Date of Burial, Nov 1. 1895

{*Undertaker,* Jas. L. Gahnen

{*Place of Business,* 262 Penn Ave

Martin Brown M. D.
Medical Attendant.

Address 201 W. Biddle St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 1299. OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
1875
BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Oct. 30th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Susan Robert

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 26 *Years.* *Months,* *Days.*

Color, Mulatto *Sex,*

Married, ~~*Single,*~~ ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number.} 67 Perry st.

Cause of Death, {First (Primary,) Consumption

{Second (Immediate,)

Duration of Last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery R. M. Hall M. D.

Date of Burial, Nov. 1 '75 Medical Attendant.

Undertaker, S. Mitchell

Place of Business, 19 S. Howard st. Address 266 S. Sharp st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 6300

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Oct. Accurate. 31st 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elise Wippert.

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 1 *Years* 3 *Months,* *Days.*

Color, white *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, during lifetime

Place of Death, {Give street and number.} S. Durham St. 218.

Cause of Death, {First (Primary,) / Second (Immediate,)} Convulsions 10 hours

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St. Pauls Cem. William Henkel M. D.

Date of Burial, Nov. 2d '75 Medical Attendant.

Undertaker, Abraham Isaams *Address* S. Wolfe St. 117.

Place of Business, 2280 Canton Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 4301

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, October 31st 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Emily Koch

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 17 *Years,* 11 *Months,* 2 *Days.*

Color, *Sex,* female

~~Married~~, Single, ~~Widow or Widower~~; {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

~~Place~~ of Death, {Give street and number.} 454 W. Balt St

Cause of Death, {First (Primary,) Consumption of lungs — Second (Immediate,) Inanition. Starvation

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Nov 2 1875

{*Undertaker,* A. Wiedemeyer

{*Place of Business,* 578 W Balto St *Address* 137 N. Fayette St.

Bettmann M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6302

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 1 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 31 75

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James Wm Talbert,

Sex, Male or Female, {Cross out the word not required in this line.}

Age, about 40 *Years,* *Months,* *Days.*

Color, Colored *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Hod Carrier "

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Alexandria Virginia

Duration of Residence in the City of Baltimore, about Fifteen years

Place of Death, {Give street and number.} 242 Raburn

Cause of Death, First (Primary,) Interpustinal fever

Second (Immediate,) Typhoid Fever

Duration of Last Sickness, Four Weeks

All the above information should be furnished by the Physician.

Place of Burial, Harp St B. G. Sml Entrance Mrs

Date of Burial, Oct 2d 1875 H. M. Nelson *M. D.*

Medical Attendant.

Undertaker, Sam Chase

Place of Business, Camden & Howard *Address* 582 W Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6303

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November Oct. 1st 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Emma Florence

Sex, Male or Female, {Cross out the word not required in this line,} Female

Age, ____ *Years,* ____ *Months,* 11 *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, none

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 11 days

Place of Death, {Give street and number.} 420 Light St

Cause of Death, {First (Primary,) Inanition

{Second (Immediate,)

Duration of Last Sickness, Life

All the above information should be furnished by the Physician

Place of Burial, Balt. Cemetery

Date of Burial, Oct. 3rd 1875

Undertaker, Julius Koelker

Place of Business, Sharp & Evans *Address*

M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 63014 — OFFICE OF REGISTRAR OF VITAL STATISTIC

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 1st 1895

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Catherine Buckingham

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 70 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

~~Married, Single,~~ *Widow* ~~or Widower,~~ {Cross out the words not required in this line.}

Occupation, House wife -

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Liberty, Frederick Co Md

Duration of Residence in the City of Baltimore, Six weeks -

Place of Death, {Give street and number.} 319 N Henry St -

Cause of Death, First (Primary,) Tuberculosis -

Second (Immediate,) Phthisis Pulmonalis -

Duration of Last Sickness, Five months -

All the above information should be furnished by the Physician.

Place of Burial, Sykes Villa

Date of Burial, Nov 3d

W. G. Register M. D.
Medical Attendant.

Undertaker, Wm. M. Seamore

Place of Business, 252 W Baltimore *Address* 17 N Calhoun St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

...spectfully invited to the remarks below, and to List of Diseases o...

Board of Health, City of Baltimore,

Permit No. 6305 — OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 1 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Carlina Latham

Sex, Male or Female, {Cross out the word not required in this line.}

Age, [redacted] *Years,* 8 *Months,* 14 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} [redacted] N. S. Exeter

Cause of Death, First (Primary,) Coryza

Second (Immediate,) (Scarlatina ?)

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Eden St Hebron Cemetery

Date of Burial, Nov 3 1875

Abram R Arnold M. D.
Medical Attendant.

Undertaker, Wm Elam

Place of Business, 101 Gough St *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 6306. OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 1st

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Catherine Murphy

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, 28 *Years,* *Months,* *Days.*

Color, white *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 7 years

Place of Death, {Give street and number.} 82. Boyd St

Cause of Death, {First (Primary,) Pulmonary Consumption

Second (Immediate,)

Duration of Last Sickness, 12 months

All the above information should be furnished by the Physician.

Place of Burial, St Peters

Date of Burial, Nov 4

Undertaker, J B Cook

Place of Business, 207 West Baltimore

Wm F. McKeon M. D.
Medical Attendant.

Address 279 W. Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 6307

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 2 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 1st 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Manley

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 3 *Years,* 4 *Months,* *Days.*

Color, White *Sex,* Female

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 277 Walsh st East

Cause of Death, First (Primary,) Scarlet Fever

Second (Immediate,)

Duration of Last Sickness, Four days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Oct 3rd

Undertaker, Chalmers

Place of Business, Penn Ave

P Dudley M. D.
Medical Attendant.

Address 143 Hollins st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 6308 — OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 2 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 31st 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Owen O'Rourke.

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 31. *Years,* — *Months,* — *Days.*

Color, White. *Sex,* Male

Married, ~~Single, Widowed or Widower~~, {Cross out the words not required in this line.}

Occupation, Police Officer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland.

Duration of Residence in the City of Baltimore, Unknown

Place of Death, {Give street and number.} Mercy Hosp. Retreat. Balt. Co.

Cause of Death, {First (Primary,) Chronic Disease of Brain.
{Second (Immediate,) Convulsions;

Duration of Last Sickness, One Month.

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, Nov 2nd 1875

Thos. H. Stokes M. D.
Medical Attendant.

{*Undertaker,* James O Byrne
{*Place of Business,* 96 & 98 W Fayette *Address* 14 St Paul St. Balt

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 6309 OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 1st 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Carrie Watts

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, Three *Years,* & Ten *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City. Md.

Duration of Residence in the City of Baltimore, From birth

Place of Death, {Give street and number.} 114 Gough Street. East. Balto.

Cause of Death, First (Primary,) Cold

Second (Immediate,) Croup.

Duration of Last Sickness, Five days.

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cem.

Date of Burial, Nov. 3d

Undertaker, Mathias A. Daigs

Place of Business, 424 N. Broadway

J. J. Cocktill M. D.
Medical Attendant.

Address 23 S. Broadway.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 6310

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 1. 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Gertrude Snead

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 69 *Years,* —— *Months,* *Days.*

Color, White *Sex,*

~~Married~~, ~~Single~~, *Widow* ~~or Widower~~, {Cross out the words not required in this line.}

Occupation, No Special "

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 67 years.

Place of Death, {Give street and number.} at F. Lucas' – Penna Av. – Expended

Cause of Death, First (Primary,) Her heart & Brain both diseased

Second (Immediate,) Sudden attack – died when seen

Duration of Last Sickness, do —— do

All the above information should be furnished by the Physician.

Place of Burial, Balto. Comm

Date of Burial, Nov. [illegible]

Jas Carey Thomas M. D.,
Medical Attendant.

Undertaker, M. A. Voigt

Place of Business, 74 S. Bur[illegible] *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...spectfully invited to the Remarks below, and to List of Diseases on...

Board of Health, City of Baltimore,

Permit No. 6311 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 13 '93 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 11th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Friederika Bassler

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 76 *Years,* 6 *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Würtenberg Germany

Duration of Residence in the City of Baltimore, 22 Years

Place of Death, {Give street and number.} Wyeth st nr 3.

Cause of Death, First (Primary,) Old Age

Second (Immediate,) Exhaustion

Duration of Last Sickness, 4 days

All the above Information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, November 13th

Undertaker, Andrew Knell

Place of Business, 206 Columbia St

D. L. Buddenhagen *M. D.*

Medical Attendant.

Address 116 Columbia St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 9312 OFFICE OF REGISTRAR OF VITAL STATISTI

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 1st 1895

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Margaret Klinger

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 57 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or ~~Widower~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Germany 30 yrs

Duration of Residence in the City of Baltimore, 30 yrs

Place of Death, { Give street and number. } 67 Richmond St

Cause of Death, { First (Primary,) Phthisis

Second (Immediate,)

Duration of Last Sickness, Undefined

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cem

Date of Burial, Nov 3rd 1895

M. D.
Medical Attendant.

Undertaker, Henry Hack

Place of Business, 309 Central Ave Address Baltimore Md

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 6313

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 1st, 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Harriet Rebecca McGee

Sex, Male or Female, {Cross out the word not required in this line.}

Age, One *Years,* Year *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore County

Duration of Residence in the City of Baltimore, Three Months

Place of Death, {Give street and number.} 212. Hudson St. East

Cause of Death, {First (Primary,) Tabes Mesenterica. Second (Immediate,) General Prostration.

Duration of Last Sickness, 3 Months

All the above information should be furnished by the Physician.

Place of Burial, Mount Auburn Cemetery

Date of Burial, Nov. 3, 1875

Undertaker, John Brown

Place of Business, 11. S. Wolfe St.

Matthew Henry Stone M. D.
Medical Attendant.

Address 63. Elliott St. East

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

SAFETY

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTI

Permit No. 6314

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 2 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 1st of Nov. 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Joseph Tower

~~*Sex,*~~ *Male* ~~*or Female,*~~ {Cross out the word not required in this line.}

Age, 57 *Years,* ——— *Months,* ——— *Days.*

Color, White *Sex,*

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Liquor - Dealer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Schmechtin, Kurpfalzen, Germany.

Duration of Residence in the City of Baltimore, 32 years

Place of Death, {Give street and number.} 289 E. ~~Saratoga~~ Lombard

Cause of Death, First (Primary,) Pneumonia adynamica cordis

Second (Immediate,) Oedema pulmonum, suffocatio

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus (R.C.)

Date of Burial, Nov 4th 1875

Undertaker, A. Kohler

Place of Business, 194 E. Lombard *Address* 294 E. Baltimore.

J. Mathieu M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

KODAK

Board of Health, City of Baltimore,

Permit No. 6315

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 5 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov. 4th 75

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Eggie Hunter

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 6 *Years,* *Months,* 10 *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 6 months

Place of Death, {Give street and number.} 49 Durham St

Cause of Death, First (Primary,) Croup

Second (Immediate,) Chronic Croup

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, St Aloysius Cemetery

Date of Burial, Nov 2nd 1875

Undertaker, A. Köhler

Place of Business, 246 Lombard

Address 386 Pratt

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...ATTENTION OF PHYSICIANS IS RESPECTFULLY CALLED TO THE REMARKS BELOW, AND TO LIST OF DISEASES OB...

Board of Health, City of Baltimore,

Permit No. 6316

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or longer, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 2 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Nov 1. 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Bedda Warner

Sex, Male or Female, {Cross out the word not required in this line.}

Age, *Years,* *Months,* 26 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Frederick Road

Duration of Residence in the City of Baltimore, 3 mths

Place of Death, {Give street and number.} St Vincents Infant Asylum

Cause of Death, {First (Primary.) Marasmus

{Second (Immediate,) convulsions

Duration of Last Sickness, Hours

All the above information should be furnished by the Physician

Place of Burial, Loudon Cemetery

Date of Burial, 2 November 75 Marbury Brewer M. D.

Medical Attendant.

{*Undertaker,* J. C. Coulter

{*Place of Business,* [illegible] Address 201 W. Biddle St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 6317

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, November 2. 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George H. K. Hyson

~~*Sex, Male or Female,*~~ {Cross out the word not required in this line.} Male

Age, 20 *Years,* 11 *Months,* *Days.*

Color, White *Sex,* Male

~~*Married, Single, Widow, Widower,*~~ {Cross out the words not required in this line.} Single

Occupation, Clerk in B. & O. R.R.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, All his life

Place of Death, {Give street and number.} 2 Jackson

Cause of Death, First (Primary,) Pulmonary Congestion

Second (Immediate,) Asphyxia

~~*Duration of Last Sickness,*~~ 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, Nov 4th 1875

Undertaker, Jas P Byrne

Place of Business, 69 Front *Address* 55 Light St.

H. M. Knapp M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 6318 OFFICE OF REGISTRAR OF VITAL STATI

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 2 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 1st 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Thomas H. Scrivener

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, *Years,* 10 *Months,* 18 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 349 Orleans St

Cause of Death, {First (Primary,) Hydrocephalus

Second (Immediate,)

Duration of Last Sickness, 4 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Mount Royal Gmd

Date of Burial, October 2nd

{*Undertaker,* H Sander

{*Place of Business,* 252 Canton Ave

Address 137 Orleans St

L. Lynch *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 6319

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 2 November 1875.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mina Voelkert,

Sex, ~~Male or~~ Female, { Cross out the word not required in this line. }

Age, 25. *Years,* 3 *Months,* — *Days.*

Color, white *Sex,* female

~~Married, Single, Widow or Widower,~~ { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 7 years

Place of Death, { Give street and number. } 14 Calvert road

Cause of Death, { First (Primary,) Typhus

Second (Immediate,)

Duration of Last Sickness, 8 Days

All the above information should be furnished by the Physician.

Place of Burial, Loudon park

Date of Burial, 4 Nov. 75.

Chas. Stoltzenberg M. D.
Medical Attendant.

Undertaker, John G. Paulus

Place of Business, 66 Frederick

Address 57 Aisquith st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6320

The Physician who attended any person in n last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 1st. 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Jane Bias

Sex, ~~Male~~ *Female,* {Cross out the word not required in this line.} Female

Age, 42 — *Years,* — *Months,* — *Days.*

Color, Black

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.} Married

~~Occupation~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Queen Ann's County Maryland

Duration of Residence in the City of Baltimore, 24 years

Place of Death, {Give street and number.} No 6 Castle st

Cause of Death, {First (Primary,) Valvular disease of the Heart

Second (Immediate,)

Duration of Last Sickness, — Four months —

All the above information should be furnished by the Physician

Place of Burial, Asbury Cemetery

Date of Burial, Novmber 3rd 1875

Undertaker, William L. Dunga

Place of Business, No 164 East St.

Thomas R. Evans M. D.
Medical Attendant.

Address No 18. Jackson Square

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 1321 OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov. 2nd 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Geo. C. Young

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Years, Months, 1. Days.

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 30 West Balto. St.

Cause of Death, First (Primary,) Spasm

Second (Immediate,)

Duration of Last Sickness, Had Been Since Birth

All the above Information should be furnished by the Physician.

Place of Burial, Carlins St Luthers

Date of Burial, Nov 3rd 1875

C. Edward Miller M. D.
Medical Attendant.

Undertaker, Parents

Place of Business, Address 113 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

...respectfully invited to the remarks below, and to List of Diseases on ...

Board of Health, City of Baltimore,

Permit No. 1322,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT NOV 1875 BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 2nd 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Baer. (Baer)

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 7 *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 1048 McCulloch, St.

Cause of Death, { First (Primary,) Tuberculous Meningitis

Second (Immediate,) Three weeks

Duration of Last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, November 4th 1875.

Undertaker, Jacob Weaver

Place of Business, No 496 Druid Hill Ave *Address*

Albert J. Smith M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 6323

NOV 1 BALTIMORE.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, ~~Custis~~ Oct 29th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Custis

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 21 *Years,* *Months,* *Days.*

Color, Black *Sex,*

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} not known

Duration of Residence in the City of Baltimore, not known

Place of Death, {Give street and number.} Infirmary Lombard & Greene Sts

Cause of Death, First (Primary,) Phthisis

Second (Immediate,) asthenia

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, ~~Woo~~ W. P. Field

Date of Burial, Nov. 1st

Undertaker, [illegible]

Place of Business, [illegible]

T. A. Ashby M. D.

Medical Attendant.

Address Univ Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 1321

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 3 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, November 2nd 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Magdalena Buyens

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.} Female

Age, 27 *Years,* *Months,* *Days.*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.} Married

~~*Occupation,*~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore. Life

Place of Death, {Give street and number.} No 188 Caroline St

Cause of Death, First (Primary.) Phthisis Pulmonalis

Second (Immediate,)

Duration of Last Sickness, Seven weeks

All the above information should be furnished by the Physician

Place of Burial, St. Michaels Cemetery

Date of Burial, 5th of November 1875

Undertaker, Francis Cramer

Place of Business 319 Canton Avenue

Thomas P Evans M. D.
Medical Attendant.

Address No 18 Jackson Square

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 6325

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 2 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Nov 2nd 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Thomas Cashman

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 2 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 110 Townsend st

Cause of Death, First (Primary,) Teething

Second (Immediate,) Convulsions

Duration of Last Sickness, 2 days

All the above Information should be furnished by the Physician.

Place of Burial, St Peters Cem

Date of Burial, Nov 3 1875

C Winslow M. D.
Medical Attendant.

Undertaker, Chas. T. Scriven

Place of Business, 211 N. Eutaw st

Address 23 W Fallot st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATI

NOV

BALTIMORE

Permit No. 1326

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 2nd 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Emma V Kane

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 2 *Years,* 10 *Months,* ~~Days.~~

Color, White *Sex,* Female

Married, ~~Single~~, Widow or Widower, {Cross out the words not required in this line.}

~~Occupation.~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 55 Washington Ave.

Cause of Death, { First (Primary,) Infantile
Second (Immediate,) Dysp.

Duration of Last Sickness, 2 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Greenlig

Date of Burial, Nov 4th

Undertaker, Wm Lingenfelter 782 Baltimore St

Place of Business, Baltimore Md

Address 3 1/2 W. Lombard St

H. L. Slear *M. D.*

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 1327

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 5 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, November 2nd 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Adelaide Hofmeister

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 34 *Years,* 5 *Months,* 21 *Days.*

Color, *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 44 S. Biddle St.

Cause of Death, First (Primary,) Typhoid Fever

Second (Immediate,)

Duration of Last Sickness, Thirty Seven days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, Nov. 4. 1875

Undertaker, Ch. Koenig

Place of Business, 26 E. Fayette

H. H. White, M. D.
Medical Attendant.

Address 341 E. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL ST...

Permit No. 1328

NOV ... BALTIMORE.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 2 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Louis Winder

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 4. *Years,* *Months,* *Days.*

Color, White *Sex,*

~~*Married*~~, *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Vater Cabinetmaker

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 4 Years

Place of Death, {Give street and number.} N. 20. S. Exeter St Baltimore

Cause of Death, {First (Primary,) Angina pectoris Scarlet fever
Second (Immediate,)

Duration of Last Sickness, 9 Days

All the above information should be furnished by the Physician.

Place of Burial, [redacted] Boyd

Date of Burial, [redacted]

Undertaker, [redacted]

Place of Business, [redacted] *Address*

John A. P. Smith M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STA

Permit No. 6329.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 29. November 1875 at evening

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Thereza Wisniewski

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 1 *Months,* *Days.*

Color, white *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, during lifetime

Place of Death, {Give street and number.} Alice Anna Street 265.

Cause of Death, First (Primary,) Hydrocephalus Chronicus

Second (Immediate,) Convulsiones

Duration of Last Sickness, 10 hours

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cemetery *Date of Burial,* Nov. 4 75.

Williams Moriel M. D.
Medical Attendant.

Undertaker, H. Diffel

Place of Business, S. Bond st. 151 *Address* S. Wolfe st. 117.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 22 1330

OFFICE OF REGISTRAR OF VITAL STATISTICS

NOV 4 1895 BALTIMORE.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 2d 1895

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sarah Binswanger

Sex, Male or Female, {Cross out the word not required in this line.} ~~Male~~ Female

Age, 32 *Years,* 4 *Months,* *Days.*

Color, white *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ~~Married~~ ~~Single~~ Widow ~~Widower~~

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} London, Great Britain

Duration of Residence in the City of Baltimore, 25 years

Place of Death, {Give street and number.} 63 Pearl St

Cause of Death, {First (Primary,) Ulceration of Bowels. Second (Immediate,) Exhaustion by Dysentery

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Balto. Heb. Cong. Cemetery

Date of Burial, Nov. 4th 1895

Undertaker, Chas Hollander & Sons.

Place of Business, 22 W. Pratt St.

G. Liebmann M. D.
Medical Attendant.

Address 58 N. Front St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

ATTENTION OF PHYSICIANS IS RESPECTFULLY INVITED TO THE REMARKS BELOW, AND TO LIST OF DISEASES ON

Board of Health, City of Baltimore,

Permit No. 6331

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 2nd 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Walter & Lizette Rabong — Parents

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 4 hours *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 219 Alice ann St

Cause of Death, {First (Primary,) ——— {Second (Immediate,) Premature Birth

Duration of Last Sickness, ———

All the above information should be furnished by the Physician

Place of Burial, Balto Cemetery | James A Lewis M. D. Medical Attendant

Date of Burial, Nov 4th 1875

Undertaker, Leon Kuntz

Place of Business, 227 S. Bond | *Address* Commrs of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Mrs Brendel. Midwife

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 1332.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, [illegible]

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} [illegible]

Sex, Male or Female, {Cross out the word not required in this line.} [illegible]

Age, [illegible] *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No. 215 [illegible]

Cause of Death, {First (Primary,) [illegible]
Second (Immediate,)

Duration of Last Sickness, Two Days

All the above Information should be furnished by the Physician.

Place of Burial, St. Patrick's Cemetery

Date of Burial, November 1st 1875

M. D.
Medical Attendant.

{*Undertaker,* Hall Gilmore *Address*
{*Place of Business,* 341 Eastern Ave,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

...ferred to the remarks below, and to List of Diseases on

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6333

The Physician who attended any person in [illegible] last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 2nd

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Anna Mary Decker

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 4 *Years,* 1 *Months,* 19 *Days.*

Color, white *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 19 Callender Alley

Cause of Death, {First (Primary,) Scarlet Fever
Second (Immediate,) Convulsions

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetary

Date of Burial, Nov 4th 1875

J. H. Keller M. D.
Medical Attendant.

{*Undertaker,* C. Wiegand
{*Place of Business,* 53 Druid Hill Ave *Address* 89 N. Green St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...ATTENTION ... IS RESPECTFULLY INVITED TO THE REMARKS BELOW, AND TO LIST of DISEASES on ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6331

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 2 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles Cornish

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} male

Age, about 70 *Years,* ——— *Months,* ——— *Days.*

Color, Blk

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Unknown

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Unknown

Duration of Residence in the City of Baltimore, ———

Place of Death, {Give street and number.} 23 Philpot alley

Cause of Death, {First (Primary,) old age.
Second (Immediate,) debility

Duration of Last Sickness, ———

All the above information should be furnished by the Physician.

Place of Burial, E. Potters Field

Date of Burial, Nov 4 1875

Undertaker, Wm Donovan

Place of Business, 148 S. Central Ave

Jas. H. Stewart M. D.
Medical Attendant

Address Commiss of Health
& Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Police on the Beat

[OVER.]

The special attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on B...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NOV 1875

Permit No. 1335

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 3d 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Cassandra M. Cunningham

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.} .....

Age, 80 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, Single, ~~Widow~~ *or* ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Lady

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Harford County Md

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give street and number.} No 130 East Pratt St

Cause of Death, First (Primary,) Old Age

Second (Immediate,)

Duration of Last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, Bakers Cemetery

Date of Burial, Nov 5th 1875

Undertaker, J. H. Weaver

Place of Business, 22d Fayette St

Chas. S. Cunningham M. D.
Medical Attendant.

Address # 130 E. Pratt St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 6336,

OFFICE OF REGISTRAR OF VITAL STATISTICS

HEALTH DEPARTMENT NOV 1875 BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 3rd 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Sondrey

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 45 *Years,* *Months,* Five *Days.*

Color, White *Sex,* Male,

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Carpenter

Birthplace, {State or country (and how long in the United States, if of foreign birth.} James City County Va

Duration of Residence in the City of Baltimore, Nine Years

Place of Death, {Give street and number.} 8 Baker st

Cause of Death, First (Primary,) Peritonitis

Second (Immediate,)

Duration of Last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, London Park Cemetery

Date of Burial, November 4th 1875

H. J. Hamer M. D.

581 Fremont Ave. Medical Attendant.

Undertaker, Jacob Mearer

Place of Business, Nos 4 & 6 David Hill Ave Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 1337

HEALTH DEPARTMENT NOV 1875 BALTIMORE MD.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 3rd 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Catherine Curran

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 9 *Days.*

Color, white

~~*Married*~~, *Single,* ~~*Widow or Widower.*~~ {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 5 Little St

Cause of Death, {First (Primary,) Convulsions
Second (Immediate,)

Duration of Last Sickness, all its Life

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, Nov 4th 1875

{*Undertaker,* John S. Mackey
Place of Business, Paca & Camden *Address* Commiss of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Thomas Curran ~~Friend~~ Father

Board of Health, City of Baltimore,

Permit No 1338

OFFICE OF REGISTRAR OF VITAL STA...

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
NOV 5
1875
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 4th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Theadore H Delavigne

Sex. Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 52 *Years,* *Months.* *Days.*

Color, White *Sex,*

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Restaurant Keeper

Birthplace, {State or country (and how long in the United States, if of foreign birth.} France

Duration of Residence in the City of Baltimore, 30 yrs

Place of Death, {Give street and number.} Infirmary Lombard & Greenlts,

Cause of Death, {First (Primary,) Compd Fract of both legs below knee from car running over both limbs
Second (Immediate,) Depression & shock

Duration of Last Sickness, 17 days Run over by Car

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, November 4 1875

T. A Ashby M. D.
Medical Attendant.

{*Undertaker,* James P Byrne
{*Place of Business,* 630 N Fremont *Address* Univ Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

THE SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on

Board of Health, City of Baltimore,

Permit No. 6339

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 8th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Will H. Meads

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, 34 *Years,* 8 *Months,* *Days.*

Color, White

Married, ~~Single, Widower, Widow~~, {Cross out the words not required in this line.} Married

Occupation, Ship wright

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} No 138 Chesapeake St

Cause of Death, First (Primary,) Angina Pectoris

Second (Immediate,)

Duration of Last Sickness, Sudden death. no illness.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, November 5th 1875

Undertaker, Hughes & Co

Place of Business, 65 & Broadway

Thomas R Evans M. D.
Medical Attendant.

Address No 18. Jackson Square

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 13470

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPT. NOV BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 4th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Anna Kal

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ——— *Years,* 3 *Months,* ——— *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth)} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 16 Abbott St

Cause of Death, {First (Primary,) / Second (Immediate,)} Convulsions.

Duration of Last Sickness, ———

All the above information should be furnished by the Physician

Place of Burial, St. Alphonsus

Date of Burial, Nov 5 1875

James H Steuart M. D
Visiting Physician

Undertaker, Henry Hoeck

Place of Business, 309 Central Av *Address* Commissioners of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children

Information by Father Heller

[OVER.]

The special attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on

Board of Health, City of Baltimore,

Permit No. 6341

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 3rd 1875

Full Name of Deceased. {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Smith

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 28 *Years,* — *Months,* — *Days.*

Color, White *Sex,* female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, living with her husband

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Lebanon Co. Pa

Duration of Residence in the City of Baltimore, 10 years —

Place of Death, {Give street and number.} No 2 Stockton St

Cause of Death, First (Primary,) Typhoid Fever

Second (Immediate,)

Duration of Last Sickness, 14 days —

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery J. Howard M. D.

Date of Burial, Nov 5 Medical Attendant.

Undertaker, J. Chalfants

Place of Business, 262 Pennsa *Address* 228 Saratoga St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 6342

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or before it is requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 5 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 4th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George Andreas

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 11 *Years,* — *Months,* — *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number.} 166 Madeira Alley

Cause of Death, {First (Primary,) Second (Immediate,)} Consumption

Duration of Last Sickness, one year

All the above information should be furnished by the Physician

Place of Burial, St Alphonsus

Date of Burial, Nov 6th 1875

Undertaker, John Braun

Place of Business, 77 S. Wolf St

James H Stewart M. D.

Address Comm'rs of Health

H Register

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by John Braun Undertaker

SPECIAL ATTENTION OF PHYSICIANS IS RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on [illegible]

Board of Health, City of Baltimore,

Permit No. 6313

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT NOV 13 1875 BALTIMORE

Date of Death, Nov 11th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named give names of parents.} Infant of Joseph & Sarah Johnson

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* One *Days.*

Color, Blk

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 35 Perry Street

Cause of Death, {First (Primary,) / Second (Immediate,)} Asthenia

Duration of Last Sickness, ———

All the above information should be furnished by the Physician

Place of Burial, Sharpt St Cemty

Date of Burial, Nov 8th 1875

Undertaker, A. Warfield

Place of Business, 24 Dover St

James Hunt, M. D.

~~Medical Attendant.~~

Address Commissioners of Health

Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Angeline Wilson Midwife [OVER.]

Board of Health, City of Baltimore,

Permit No. 13414 OFFICE OF REGISTRAR OF VITAL STA...

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 3 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 3

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Rebecca Cr...

~~*Sex, Male or Female,*~~ {Cross out the word not required in this line.} Female

Age, 22 *Years,* *Months,* *Days.*

Color, White *Sex,*

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 715 Broadway

Cause of Death, {First (Primary,) Epilepsy
{Second (Immediate,) Cerebral Congestion

Duration of Last Sickness, Many Years

All the above information should be furnished by the Physician.

Interment. *Place of Burial,* M. A. Daigh

Date of Burial, November 5

Chas O'Donovan *M. D.*
Medical Attendant.

{*Undertaker,* M. A. Daigh
{*Place of Business,* 74 W Bay *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 6315

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 5 1895 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 4th 1895

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henry Barnes

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 90 *Years,* ——— *Months,* ——— *Days.*

Color, Colored

Married, ~~Single, Widow or Widower~~, {Cross out the wor is not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 7 months

Place of Death, {Give street and number} 36 Little Monument St

Cause of Death, {First (Primary,) Debility / Second (Immediate,) Old Age

Duration of Last Sickness, ———

All the above Information should be furnished by the Physician

Place of Burial, Laurel Cemetery

Date of Burial, Nov 6th 1895

James A Steuart M. D.
Physician or Coroner.

{*Undertaker,* John C Jordan
{*Place of Business,* Park St Address Commiss of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Andrew J. Barnes — his son

[OVER.]

Board of Health, City of Baltimore,

Permit No. 6346 | OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 5 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 4th November 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Patrick Cleary.

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 55 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Laborer.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, Six Years.

Place of Death, {Give street and number.} 59 Burn Street, Baltimore.

Cause of Death, First (Primary,) Bright's Disease.
Second (Immediate.)

Duration of Last Sickness, 5 weeks.

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemt Gra. 2. Coll'n

Date of Burial, Nov 5th 1875

M. D.
Medical Attendant.

Undertaker, Henry C. Wiedefeld

Place of Business, 1189½ W. Calvert St Address 46 Richmond St Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6347

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 5 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 4th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Anne Spicer

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 73 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, ~~Lady~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Fifty two

Place of Death, {Give street and number.} 214 Mulberry st

Cause of Death, First (Primary,) Apoplexy

Second (Immediate,) Murdrem

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery Gen'l Ogle Coroner

Date of Burial, Nov 6 1875

M. D.
Medical Attendant.

Undertaker, McCaull Bro

Place of Business, Saratoga st *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 1318

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 5 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 4 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named give names of parents.} Mary Fitzpatrick

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 78 *Years,* — *Months,* — *Days.*

Color, white

~~*Married, Single,*~~ *Widow* ~~or Widower.~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth} Ireland — 26 years

Duration of Residence in the City of Baltimore. 26 years

Place of Death, {Give street and number.} 22 Forrest Place

Cause of Death, {First (Primary,) Old age

{Second (Immediate,) Debility

Duration of Last Sickness, one year

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross —

Date of Burial, Nov 4 1875 —

Undertaker, Geo C. Redenmayer

Place of Business, 38 Eutaw St

James A Steuart M. D.

Address Commiss of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Thomas Fitzpatrick Son

[OVER.]

E T Y FILM

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STA

Permit No. 13479

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 5 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 4th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Horatio Sprague Burnett

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, — *Years,* — *Months,* 2 hours *Days*

Color, W *Sex,* M

Married, Single, Widow or Widower, {Cross out the words not required in this line.} — Infant

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. city

Duration of Residence in the City of Baltimore, Balto

Place of Death, {Give street and number.} No 101 St Paul Balto city

Cause of Death, First (Primary,) Premature Birth at 6th month of Gestation

Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Nov 5 1875

J. Ridgway Andrew M. D.
Medical Attendant.

Undertaker, F. W. Bevens

Place of Business, Baltimore St *Address* No 121 E Balto st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

KODAK SAF

Board of Health, City of Baltimore.

Permit No. 4350 OFFICE OF REGISTRAR OF VITAL ST...

The Physician who attended any person in a last Illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 23d 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Katharina Barbara Rau

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 62 *Years,* 8 *Months,* 16 *Days.*

Color, white *Sex,* Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Widow.

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 27 years.

Place of Death, { Give street and number. } 249 E. Chase

Cause of Death, First (Primary,) Ulceration of Bowels

Second (Immediate,) Exhaustion

Duration of Last Sickness, 7 months

All the above Information should be furnished by the Physician.

Place of Burial, Lutheran Cemetery Gap Road belonging to Independent Church Trinity St.

Date of Burial, Nov 25 1875

Undertaker, Geo. Schilling

Place of Business, cor Aisquith & Monument sts Address 27 E. Monument st

Wm. G. Power M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 1351

OFFICE OF REGISTRAR OF VITAL ST[illegible]

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 3 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov. 4th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Louis P. F. Mehn

Sex, Male or Female, {Cross on the word not required in this line.} Male

Age, 2 *Years,* 11 *Months,* 20 *Days.*

Color, White *Sex,* /

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and number.} 55 Conway St.

Cause of Death, First (Primary,) Diphtheritic

Second (Immediate,) Croup

Duration of Last Sickness, 4 days,

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, November 6th 75

Undertaker, P. T. Dill

Place of Business, 183 Columbia av.

L. H. Smith M. D.
Medical Attendant.

Address 108 S. Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 4352,

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 4th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Walter Eyster Haines

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, [illegible] *Years,* 8 *Months,* [illegible] *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} [illegible]

Occupation, [illegible]

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 263 Saratoga St

Cause of Death, {First (Primary,) Cholera Infantum

{Second (Immediate,) Four days

Duration of Last Sickness, [illegible]

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, Nov 6th 1875

Undertaker, Hughes & Co

Place of Business, 660 Fayette

Thomas O'Brien M. D.
Medical Attendant.

Address 398 W. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1353.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 5th 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Maria Power

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 66 *Years,* — *Months,* — *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Bohemia

Duration of Residence in the City of Baltimore, four years

Place of Death, {Give street and number.} 44 Barnett

Cause of Death, First (Primary,) Pulmonary Phthisis

Second (Immediate,) Dropsy

Duration of Last Sickness, two weeks

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus City

Date of Burial, Nov 6th 1875

Undertaker, Wm Donovan

Place of Business,

St Thurtent, M. D.
Medical Attendant.

Address 12 [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

Permit No. 13374

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 4th 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Nannie Talbot

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 27 *Years,* *Months,* *Days.*

Color, *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, House Maid

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Four Years

Place of Death, {Give street and number.} 163 W. Lombard St.

Cause of Death, First (Primary,) Operation for Ovarian Cyst

Second (Immediate.) Peritonitis.

Duration of Last Sickness, Six Days

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cemetery

Date of Burial, Nov 6th 1875

Undertaker, Wm Frank Gray

Place of Business, 63 Hulbert St

A. Erich M. D.

Medical Attendant.

Address 163 W. Lombard St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 6356 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 5 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 5 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James Hill

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 2 *Years.* 3 *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 12 Hamburg

Cause of Death, First (Primary,) Pneumonia

Second (Immediate.) Bronchial Effusion

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, Nov. 7th 1875

Undertaker, C. F. Krause

Place of Business, 209 Hanover

S Sheridan M. D.
Medical Attendant.

Address 154 Sharp

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6357.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 6 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov. 4th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wesley Sloat

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 52 *Years,* *Months,* *Days.*

Color, White *Sex,* Woman

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Housewife

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Louisa Co Va

Duration of Residence in the City of Baltimore, Forty years.

Place of Death, {Give street and number.} 122 S. Exeter St.

Cause of Death, First (Primary,) Cerebral Hem.

Second (Immediate,) Exhaustion.

Duration of Last Sickness, Eleven months.

All the above information should be furnished by the Physician.

Place of Burial, Westport Burying ground

Date of Burial, Nov 7th 1875.

Undertaker, J. Wm. Frey

Place of Business, 91 E. Balto St.

D. Glanville, Jr. M. D.
Medical Attendant.

Address Balto & Washington Sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 6338.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NOV 5 BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 5 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Savill

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 61 *Years,* *Months,* *Days.*

Color, White

~~Married, Single, Widowed~~ Widower, {Cross out the words not required in this line.} *Sex,* ~~Shoemaker~~

Occupation, Shoemaker

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Forty five Years

Place of Death, {Give street and number.} 142 N. Schroeder

Cause of Death, {First (Primary,) Bright's Disease

{Second (Immediate.)

Duration of Last Sickness, 11 Months.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park, Co.

Date of Burial, Nov 7 - 1875

{*Undertaker,* J. B. Blackistone Son

{*Place of Business,* 606. Balt, St

Geo. H. Keidel M. D.
Medical Attendant.

Address #1 Waverley Terrace
Franklin Square

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on B

Board of Health, City of Baltimore,

Permit No. 6359

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 6th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lena Kohl

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 15 *Years,* —— *Months,* —— *Days.*

Color, white

Married, Single, ~~Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 312 S. Dallas St

Cause of Death, {First (Primary,) ——
Second (Immediate,) Consumption

Duration of Last Sickness, 4 years

All the above information should be furnished by the Physician

Place of Burial, Mount Carmel Cem'y

Date of Burial, Nov 7th 1875

Undertaker, Leon'd Keyser

Place of Business, 277 S. Bond St

M. D.
~~Medical Attendant~~

Address Commiss of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Frederick Kohl — Father

[OVER.]

Board of Health, City of Baltimore,

Permit No. 6360

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 6 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 5 /75

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Hannah Engel

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 70 *Years,* —— *Months,* — *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} married

Occupation, ——

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 46 years

Place of Death, {Give street and number.} 124 Granby

Cause of Death, {First (Primary,) Carbuncle

{Second (Immediate.)

Duration of Last Sickness, 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, Lloyd St Cem

Date of Burial, Nov 7th 1875

Abram B Arnold M. D.
Medical Attendant.

Undertaker, Moses Langsood

Place of Business, 89 Eagle St *Address* M Langsood

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 6361

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last Illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 4th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Catherine B. Ward.

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 19 *Years,* — *Months,* — *Days.*

Color,

~~*Married*~~, *Single,* ~~*Widow or Widower*~~. {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 163 Madeira alley

Cause of Death, {First (Primary,) Cold. Second (Immediate,) Consumption

Duration of Last Sickness, 5 Months

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Nov 7th 1875

{*Undertaker,* Geo Boelich

{*Place of Business,* 339 Canton Av

James H Chenault M. D.
~~Medical Examiner~~.

Address Commrs of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by William T. Ward Father

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6362

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 6 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov. 5th 75

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Israel P. Crofs

Sex, Male or Female; {Cross out the word not required in this line.}

Age, 37 *Years,* *Months,* *Days.*

Color, white *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Carpenter

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Washington D. C

Duration of Residence in the City of Baltimore, 8 years

Place of Death, {Give street and number.} 563 N. Gay

Cause of Death, First (Primary,) Intemperance

Second (Immediate,) Disease of heart (?)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Bal Cemetery

Date of Burial, November 7 75

Undertaker, Wm Fry

Place of Business, 54 & Broadway

Edwin H. Walter M. D.
Medical Attendant.

Coroner N. D. District

Address 180 Linden Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 6363

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 6 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 5th, 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John McNally

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, 59 *Years,* 1 *Months,* 5 *Days.*

Color, *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Machinist

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ellicott City, Md.

Duration of Residence in the City of Baltimore, 50 years

Place of Death, {Give street and number.} Gilmor & Cumberland St. Ext-dec

Cause of Death, First (Primary,) General Debility

Second (Immediate,)

Duration of Last Sickness, Last 1 Month

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemetery

Date of Burial, Nov 7th at 2 o'clock

William Grenton M. D.
Medical Attendant.

Undertaker, J. S. Chalmers

Place of Business, 262 Central Avenue *Address* 647 Penna. Avenue

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Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 6364

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 6 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 5. 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Annie B Gruber

Sex, Male or Female, { Cross out the word not required in this line. } X

Age, *Years,* 6 9 *Months,* 1 = 20 *Days.*

Color, White *Sex,* Widow

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, X

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Switzerland

Duration of Residence in the City of Baltimore, 26 years

Place of Death, { Give street and number. } 218 Conway St

Cause of Death, { First (Primary,) Angina Pectoris

Second (Immediate,) one week

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem.

Date of Burial, Nov 7th 1875

W. C. Knowles M. D.
Medical Attendant.

{ *Undertaker,* John Sheehan

{ *Place of Business,* No 150 Canden St, *Address* 55 Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13615

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV. 6 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 4th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Phillip H. Cooper

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 46 *Years,* ——— *Months,* ——— *Days.*

Color, White ~~Sex,~~

~~*Married, Single, Widow or*~~ *Widower,* {Cross out the words not required in this line.}

Occupation, Pilot

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} No. 315 E. Pratt St.

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate,) Haemorrhage from Lungs.

Duration of Last Sickness, About Eleven days

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, November 7th 1875

E. P. Bons M. D.
Medical Attendant.

Undertaker, Hughes & Co

Place of Business, 65 & Broadway Address 406 E. Baltimore st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 4366

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 8 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death,

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Sex, Male or Female, { Cross out the word not required in this line. }

Age, *Years,* *Months,* *Days.*

Color, *Sex,*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

Cause of Death, { First (Primary,) / Second (Immediate.) }

Duration of Last Sickness,

All the above Information should be furnished by the Physician.

Place of Burial, Elks Ridge Landing

Date of Burial, Nov 7th 1875

Undertaker, Hughes & Lee

Place of Business, 65 S Broadway *Address*

M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

OVER

Board of Health, City of Baltimore,

Permit No. 6367

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV. 6 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Nov 5th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Willie Lowe

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 8 *Years,* *Months,* *Days.*

Color, White *Sex,* male

~~Married~~, Single, ~~Widow or Widower~~? {Cross out the words not required in this line}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 8 years

Place of Death, {Give street and number.} 149 E avenue

Cause of Death, {First (Primary,) Phthisis Pulmonalis

{Second (Immediate,)

Duration of Last Sickness, Do not know - Only saw him 4 days before death

All the above information should be furnished by the Physician.

Place of Burial, St Patricks Cemetery

Date of Burial, 6 November 1875

Undertaker, Francis Creamer

Place of Business 219 Canton Avenue

Geo. B. Reynolds M. D.
Medical Attendant.

Address 34 N. Calvert St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

Permit No. 1368

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 8 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 6.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Wm J Linthicum

~~*Sex, Male or Female,*~~ { Cross out the word not required in this line. }

Age, ____ *Years,* ____ 9 *Months,* ____ *Days.*

Color, wht

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, { Cross out the words not required in this line. } Sgl

Occupation, ——

Birthplace, { State or country (and how long in the United States, if of foreign birth. } ~~Ba~~ Baltimore md

Duration of Residence in the City of Baltimore, 9 m

Place of Death, { Give street and number. } 69 W. Biddle st

Cause of Death, { First (Primary,) Spinal meningitis / Second (Immediate.)

Duration of Last Sickness, 3 wks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore. Geo. A. Lane Tompkins M. D.

Date of Burial, Nov 6 th 1875 Medical Attendant.

{ *Undertaker,* Chas T. Scriven

{ *Place of Business,* 211 N Eutaw st *Address* 129 W Biddle st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 1369 — OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 6 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 6th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Wm Brown

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Years, 3 H Months, 16 Days.

Color, Color'd *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 184 Pearl st

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 184 Pearl

Cause of Death, First (Primary,) Pneumonia

Second (Immediate,)

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Hart St cemetery Jos: E. Chagett M. D.

Medical Attendant.

Date of Burial, Nov 6th 1875

Undertaker, Wm Sames Jr.

Place of Business, 65 Hanover St *Address* 18 S. Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 6370

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. NOV. 6 1915 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov. 5th 1915

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Grace Linsman

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Two (2) Years, One (1) Months, Twenty-eight (28) Days.

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~ {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} No. 9 L Smyth's Court

Cause of Death, {First (Primary.) Burns - Scalded

{Second (Immediate.) Entero-Enteritis complicating the burns

Duration of Last Sickness, Two (3) days

All the above information should be furnished by the Physician

Place of Burial, Mt. Carmell Cimetery

Date of Burial, November 7th 1915

Undertaker, H. M. Gilmyer

Place of Business, 341 Cantan St. *Address*

G. L. Kyle M. D.
Medical Attendant.

G. L. Brodrick

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children

[OVER.]

Physicians is respectfully invited to the remarks below, and to List of Diseases on bac

Board of Health, City of Baltimore,

Permit No. 6371

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 6th 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Hrademan.

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.} Female.

Age, 70. *Years,* *Months,* *Days.*

Color, White

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.} *Sex,* Female. Widow.

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Alexandria Va.

Duration of Residence in the City of Baltimore, Thirty one (31) Years.

Place of Death, {Give street and number.} Federal st near Decker.

Cause of Death, {First (Primary,) / Second (Immediate,)} Pneumonia.

Duration of Last Sickness, 12 Twelve days.

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, Nov 6th 1875

Undertaker, Chas F Scriven

Place of Business, 211 E Eutaw st

C. F. Brune. M. D.
Medical Attendant.

Address 241 Lombard cor Carrollton.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6372

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 6th of March

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles S Thompson

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 2 Month, ~~Years~~, *Months,* 1 Week *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 112 Pearl St Baltimore

Cause of Death, First (Primary,) Inanition

Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Holmes Cemetery

Date of Burial, 7th November

Undertaker, Chas S Gerin

Place of Business, 271 N Eutaw St

Jas Montgomery *M. D.*
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 1373,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last Illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 3rd 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Catharine Shaft

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 58 *Years,* 6 *Months,* 15 *Days.*

Color, W *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 26 years

Place of Death, {Give street and number.} 200 Preston St

Cause of Death, {First (Primary,) obscure Liver disease

{Second (Immediate,)

Duration of Last Sickness, over 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Friends Grave Yard

Date of Burial, Nov 7th 1875

C Heuisler M. D.
Medical Attendant.

{*Undertaker,* C Heigand

{*Place of Business,* 53 Druid Hill Ave *Address* 23 McCulloh St

Saw patient but once

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6371

The Physician who attended any person in a last Illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 1 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 5th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Samuel Jones

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 35 *Years,* *Months,* *Days.*

Color, Colored *Sex,*

~~Married, Single, Widow or~~ Widower, {Cross out the words not required in this line.}

Occupation, oyster shucker

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Newburn, North Carolina

Duration of Residence in the City of Baltimore, 9 years

Place of Death, {Give street and number.} 33 Williamson st

Cause of Death, {First (Primary,) / Second (Immediate,)} Intussusception of intestine

Duration of Last Sickness, 13 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Nov. 7th 1875

O. A. Cooke M. D.
Medical Attendant.

Undertaker, M. H. C. Perry

Place of Business, Fall street *Address* Cor Lee & Hanover sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

Permit No. 6375 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT NOV 7 1875 BALTIMORE.

Date of Death, November 5th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Isaiah A. Jones

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ——— *Years,* ——— *Months,* 18 *Days.*

Color, Negro *Sex,* ———

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ———

Occupation, ~~A~~ Sweeper

Birthplace, {State or country (and how long in the United States, if of foreign birth.} ~~Chestnut St, Corner of Baltimore St,~~

Duration of Residence in the City of Baltimore, ———

Place of Death, {Give street and number.} Corner of Chestnut & Douglas St

Cause of Death, First (Primary,) Exposure & Cold

Second (Immediate,) Congestion of Lungs

Duration of Last Sickness, about 1 Week

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Nov. 7th 1875

Undertaker, Daniel Dungee

Place of Business, 62 East St.

A. J. Foard M. D.
Medical Attendant.

Address No 73 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6316

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Nov 7th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Infant of Mary & John Martin

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, five Minutes ~~Years~~, ten old ~~Months~~, *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth)} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} No 195 Forest street

Cause of Death, First (Primary,) ..... Second (Immediate,) Unknown

Duration of Last Sickness,

All the above information should be furnished by the Physician

Place of Burial, St Mary Cem.

Date of Burial, Nov 9th 1875

Undertaker, John T. Kadenger

Place of Business, Forest & Greenmount *Address*

James Kleinschmidt *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information from Mid Wife

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6377

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 7 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 6th of Nov. 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named give names of parents.} Catharine Addix

~~*Sex. Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 1 *Years,* 7 *Months,* (*Days.*

Color, White

~~*Married, Single,*~~ *Widow or Widower,* {Cross out the words not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country (and how long in the United States, if of foreign birth)} Baltimore

Duration of Residence in the City of Baltimore.

Place of Death, {Give street and number.} 203 S. Wolfe th

Cause of Death, {First (Primary.) Hydrocephalus acutus / Second (Immediate,) Ecampia

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician

Place of Burial, Green Mount

Date of Burial, Nov 7th 1875

{*Undertaker,* Geo. Woodall / *Place of Business,* 330 Canton Ave

J. Statham M. D.
Medical Attendant.

Address 245 E. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 6378 — OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 7 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov. 6th. 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Matilda Rasmuth

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, *Years,* Fourteen *Months,* *Days.*

Color, *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No. 118 Raburg Street

Cause of Death, {First (Primary,) Scarlatina

{Second (Immediate,)

Duration of Last Sickness, Five days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetry

Date of Burial, Nov. 8th 1875

{*Undertaker,* Adam Weidemeyer

{*Place of Business,* 578½ W. Baltimore St.

Chas. N. Neff M. D.
Medical Attendant.

Address 306 N. Fayette Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

OVER.

Board of Health, City of Baltimore,

Permit No. 6379

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 7 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 6. 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Elijah C. Coad

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 79 *Years,* — *Months,* — *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Widower

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Philadelphia Pa

Duration of Residence in the City of Baltimore, 5 years

Place of Death, { Give street and number. } 29 Gilmor St.

Cause of Death, { First (Primary,) Phthisis pulmonalis

{ Second (Immediate,) Pneumonia - Lingering -

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, St Marys Co

Date of Burial, Nov 9

{ Undertaker, J B Cook

{ Place of Business,

H. R. Shelton M. D.

Medical Attendant.

Address 581 Lexington

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. _____

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 8 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 7th 8th 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} John Kunkard

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, two *Years,* 9 *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore (C.)

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 227 S. Anne st.

Cause of Death, First (Primary,) General Exposure

Second (Immediate.) Improper

Duration of Last Sickness, Six weeks

All the above information should be furnished by the Physician.

Place of Burial, St. Michaels Cemetery

Date of Burial, 8 November 1875

D. Winters M. D.
Medical Attendant.

Undertaker, Francis Cramer

Place of Business, 219 Canton Avenue *Address* 12 S. Eden st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 0381

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT NOV 8 BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ~~accurately filled~~ *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Saturday Noob 6th 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Mary Matilda Brooks

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 36 *Years,* — *Months,* — *Days.*

Color, Colored *Sex,* Female.

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.} Married

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore County

Duration of Residence in the City of Baltimore, 36 years.

Place of Death, {Give street and number.} No 34 North Bond Str

Cause of Death, {First (Primary,) Pulmo Tuberculosis

{Second (Immediate,) Oedema pulmonum

Duration of Last Sickness, Four months

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, Nov 8/75

{*Undertaker,* County

{*Place of Business,* 54 N Broadway

S H Adler M. D.
Medical Attendant.

Address 29 South Sharp Str

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT NOV 8 1875 BALTIMORE

Permit No. 6382

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 7th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Christian & Mary Filliaux (Parents)

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} male

Age, ——— *Years,* ——— *Months,* 7 hours ~~Days.~~

Color, white

~~Married~~, *Single,* ~~Widow or Widower~~. {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth)} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 97 Mulberry St

Cause of Death, {First (Primary,) ——— Second (Immediate,)} Convulsions

Duration of Last Sickness, all his life

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Nov 8th 1875 — James F. Stewart M. D. Medical Attendant.

Undertaker, H. Hoffman — *Address* Commrs of Health & Registrar

Place of Business, 63 N. Eden St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Information by Christian Filliaux father

...spondingly entered to the remarks below, and to List of Diseases on B...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

BOARD OF HEALTH NOV 5 BALTIMORE

Permit No. 6383.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 5. 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Jane Rebecca Woodlum

Sex, ~~*Male or*~~ *Female,* { Cross out the word not required in this line. } Female

Age, 3 *Years,* 0 *Months,* 24 *Days.*

Color, Black *Sex,* Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimor City

Duration of Residence in the City of Baltimore, 3 yrs 24 days

Place of Death, { Give street and number. } 3 Morris Alley Court.

Cause of Death, First (Primary,) Consumption?

Second (Immediate,) Asthenia

Duration of Last Sickness, Indefinite -

All the above information should be furnished by the Physician.

Place of Burial, Loudon Cemetery W. Worley M. D.

Medical Attendant.

Date of Burial, 2 for 8 1/2 1875

Undertaker, John. C. Jordan Address 69 N. Bridge St.

Place of Business, 63 Park Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

...spectfully invited to the remarks below, and to List of Diseases on ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6384

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 11 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, ~~Wm Mathilda J. Dorsey~~ Nov 7th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mathilda J. Dorsey (Dorsey)

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Sixty *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation, No particular

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, twenty years

Place of Death, {Give street and number.} Baltimore, Bolton St 42 St

Cause of Death, {First (Primary,) Malignant tumor in the abdomen

{Second (Immediate,)

Duration of Last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, Nov 9th 1875

Undertaker, J. L. Macker

Place of Business, Corner of Pacca and Camden Sts *Address*

R. R. Smith M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

FILM

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1385

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Nov 6th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles Honyman

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, Three *Years,* three *Months,* — *Days.*

Color, Cold. *Sex,* Male.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} No 2 2d James 2d

Cause of Death, {First (Primary,) Second (Immediate,)} Catarhal Fever

Duration of Last Sickness, Ten days

All the above information should be furnished by the Physician.

Place of Burial, Laurel cemetery

Date of Burial, Oct 7th 1875

Undertaker, Hamil Bunge

Place of Business, 104 East st *Address* 134 N High st

S. H. Coyner M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

K S A F E T Y

Board of Health, City of Baltimore,

Permit No. 1386 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
NOV 8
1875
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 5th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Clara Wetherby

Sex, Male or Female, {Cross out the word not required in this line.} ~~Male~~ / Female

Age, 35 *Years,* *Months,* *Days.*

Color, white *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ~~Married~~ / ~~Single~~ / ~~Widow~~ / ~~Widower~~

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Cambridge Md

Duration of Residence in the City of Baltimore, 20 years

Place of Death, {Give street and number.} 24 Bath St

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate,) Syncope

Duration of Last Sickness, Six (6) Weeks

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, Oct 7 1875

N. G. Keirle M. D.
Medical Attendant.

Undertaker, Wm Young & Son

Place of Business, 104 Eutaw Address No 74 N. Paca st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

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PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on B

Board of Health, City of Baltimore,

Permit No. 1387

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT NOV 1875 BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 8th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John W^m Seldon

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, ~~Years,~~ 1 *Months,* 19 *Days.*

Color, Blk

~~Married~~, Single, ~~Widow or Widower.~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 272 S. Howard St

Cause of Death, {First (Primary,) Cold
Second (Immediate,) Thrush

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician

Place of Burial, Laurel Cemetery

Date of Burial, Nov 9th 1875

Undertaker, Saml. H. Chase

Place of Business, S. Howard St

James A Steuart M. D.

Address Commiss of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Isaac Seldon Father

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 1388

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 8 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 7th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jacob Fohmer

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, Thirty four *Years,* —— *Months,* —— *Days.*

Color, White *Sex,* Male

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Cooper

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, Twenty four years

Place of Death, {Give street and number.} 127 Mulliken St

Cause of Death, First (Primary,) Severe cold and Sprealing.

Second (Immediate,) Pleuro – pneumonia

Duration of Last Sickness, Four weeks

All the above information should be furnished by the Physician.

Place of Burial, St Johns Catholic

Date of Burial, Nov 9 1875

Milton A. Taylor M. D.
Medical Attendant.

Undertaker, Henry Stock

Place of Business, 304 Fenderaker Address 100 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 1389 OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness Is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 7th 75

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Geo: Glenn

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 28 ? *Years,* *Months,* *Days.*

Color, white *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} unknown

Occupation, Oysterman

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland – How long in U.S. unknown

Duration of Residence in the City of Baltimore, at least 3 or 4 years

Place of Death, {Give street and number.} Foot of West Falls Ave – employed on schooner Sarah Sophia

Cause of Death, First (Primary,) Intemperance

Second (Immediate,) Accidental Drowning

Duration of Last Sickness, Sudden death

All the above information should be furnished by the Physician.

In Summer, Body often full days retain body for identification for a few days

Place of Burial, E. Potters Field

Date of Burial, Nov 8th 1875

Edmund R Walker M. D.

~~Medical Attendant.~~ Coroner N. P. Dist

Undertaker, Wm Donovan

Place of Business, 148 S. Central Ave *Address* 180 Linden Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

Permit No. 1390 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 8 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, November 6 — 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Catharine S. Hobbleyzell

~~Sex, Male~~ or *Female,* {Cross out the word not required in this line.} Female

Age, 54 *Years,* 11 *Months,* 1 *Day*

Color, White *Sex,* Female

Married, ~~Single, Widow, Widower,~~ {Cross out the words not required in this line.} Married

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Frdk City Md

Duration of Residence in the City of Baltimore, Of & in for 20 years

Place of Death, {Give street and number.} Cor Arlington Ave & Mosher St

Cause of Death, First (Primary,) Carcinoma of neck

Second (Immediate,) Exhaustion

Duration of Last Sickness, a great while

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem W. H. Kemp M. D.

Date of Burial, Nov 8th 1875 Medical Attendant.

Undertaker, Chas. A Pender

Place of Business, No 520 W. Balto *Address* 53 N. Green St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 1391

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 8 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, November 8th, 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Margaret Elizabeth Mcmanus

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, Four *Years,* Eleven *Months,* ——— *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore.

Place of Death, {Give street and number.} No. 118 Raborg Street

Cause of Death, First (Primary,) Scarlatina

Second (Immediate,)

Duration of Last Sickness, Four days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Nov. 9th 1875

Chas M Neff M. D.
Medical Attendant.

Undertaker, Adam Weidemeyer *Address* 306 N. Fayette Street

Place of Business, 518½ W. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...respectfully invited to the remarks below, and to List of Diseases on ...

Board of Health, City of Baltimore,

Permit No. 1392

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 8 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 8, 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Nellie Phelps

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, Twenty *Years,* *Months,* *Days.*

Color, White *Sex,* Female

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 400 N. Eden st.

Cause of Death, {First (Primary,) Acute Tuberculosis

{Second (Immediate,)

Duration of Last Sickness, 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, Green Mount.

Date of Burial, Nov. 8th 1875.

D. Dougherty M. D.
Medical Attendant.

Undertaker, Wm. H. Hickman

Place of Business, 234 N. Gay St. *Address* 64. William st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...remarks below, and to List of Diseases on back.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6393.

HEALTH DEPARTMENT
1895
BALTIMORE.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 7. 1895

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Samuel Lowe

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 2 *Years,* 8 *Months,* one *Days.*

Color, *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt.e

Duration of Residence in the City of Baltimore, his life

Place of Death, {Give street and number.} 40 Union St

Cause of Death, First (Primary,) Scrofula

Second (Immediate,) Inanition

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel cemetery

Date of Burial, Nov 8th 1895

Jno. Casey Thomas *M. D.*
Medical Attendant.

Undertaker, Wm Innes Gray

Place of Business, 43 Hanover St *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...physicians is respectfully invited to the remarks below, and to List of Diseases on ba...

Board of Health, City of Baltimore,

Permit No. 1397

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 7th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James Rigney

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 40 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Moulder

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland.

Duration of Residence in the City of Baltimore, 28 Years

Place of Death, {Give street and number.} 247 Forest St.

Cause of Death, {First (Primary,) Cardiac Dropsy
Second (Immediate,)

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, St Patricks Cemetery

Date of Burial, Nov 8th 1875

Silas N. Hunter M. D.
Medical Attendant.

{*Undertaker,* P Byrnes
{*Place of Business,* Front St Near Fayette St. *Address* 111 Greenmount Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over

...PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on B...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6395

HEALTH DEPARTMENT NOV 8 BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 7th 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sadie Brooks,

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, Two *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Two Years

Place of Death, {Give street and number.} 103 Font Avenue

Cause of Death, {First (Primary.)} Acute Bronchitis.

{Second (Immediate.)} Catarrhal Pneumonia

Duration of Last Sickness, Five days.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Nov 9th 18

Undertaker, Armstrong & Dunn.

Place of Business, 263 Light St

C. S. Webb M. D.
Medical Attendant.

Address 439 Light Street.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

PHYSICIANS ARE RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on

Board of Health, City of Baltimore,

Permit No. 6396

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov. 7th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Johnny Upshur

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, *Years,* *Months,* 2 1 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth)} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 3 South Front St

Cause of Death, {First (Primary,) Premature Birth

{Second (Immediate,) Spasm

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician

Place of Burial,

Date of Burial, Nov 9th 1875

Undertaker, Parents

Place of Business, *M. D.*

Address Comm'rs of Health Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Mrs Charlotte Upshur mother

[OVER.]

Board of Health, City of Baltimore,

Permit No. 6397

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, November — 7th — 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ann Elizabeth Sellman,

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 52 *Years,* 1 *Months,* 11 *Days.*

Color, *Sex,*

Married, ~~Single, Widow, Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Loudoun County Virginia

Duration of Residence in the City of Baltimore, — Nine years. —

Place of Death, {Give street and number.} Cor Laurale and Republican St

Cause of Death, First (Primary,) Erysipelas with Rheumatic Fever

Second (Immediate,) Pneumonia —

Duration of Last Sickness, 4 weeks.

All the above information should be furnished by the Physician.

Place of Burial, Londenpark

Date of Burial, Nov 9.

Undertaker, C. H. Blizzard

Place of Business, Cor Laurale & Ellins Sts

W. A. B. Sellman M. D.

Medical Attendant.

Address Cor Laurale & Republican in conjunction with Prof. N. R. Smith

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...ow, and to List of Diseases on ...

Board of Health, City of Baltimore,

Permit No. 1398

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 5 1875 REGISTRAR'S DEPARTMENT BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov. 5th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Margaret Ann, Moran.

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 57 *Years,* *Months,* *Days.*

Color, White -

Sex,

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} County Mayo. Ireland

Duration of Residence in the City of Baltimore, 25 yrs -

Place of Death, {Give street and number.} No. 73. Cookrace st. South Point.

Cause of Death, {First (Primary,) Spasmodic Asthma

{Second (Immediate.)

Duration of Last Sickness, 3 days -

All the above information should be furnished by the Physician.

Place of Burial, St. Patricks

Date of Burial, Nov. 8th

A. P. Clarke - M. D.
Medical Attendant.

Undertaker, H a Daigh

Place of Business, 94 S. Bond *Address* 237. Gough st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Physicians is respectfully invited to the remarks below, and to List of Diseases on b

Board of Health, City of Baltimore,

Permit No. 4399.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT NOV 8 1875 BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 8th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Margaret ~~H.~~ Leolson

~~Sex, Male or~~ Female, {Cross out the word not required in this line.}

Age, 31 *Years,* Six *Months,* *Days.*

Color, White *Sex,* Female

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Rochester, New York

Duration of Residence in the City of Baltimore, Two years,

Place of Death, {Give street and number.} American Hotel cor Franklin & Eadens Sts

Cause of Death, {First (Primary,) Phthisis pulmonalis
Second (Immediate,)

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Philadelphia Mt Vernon Cemetery

Date of Burial,

Undertaker, John H. Rodemeyer,

Place of Business, Cor. Monument & Greenmount Avenue

John Morris M. D.
Medical Attendant.

Address cor. 5. Franklin Sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

(Transit 255)

[OVER.

PHYSICIANS IS RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on

Board of Health, City of Baltimore,

Permit No. 6400

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 8 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named give names of parents.} Michael & Bridget Moore

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} male

Age, ——— *Years,* ——— *Months,* 10 Minutes ~~Days.~~

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth)} Balto City

Duration of Residence in the City of Baltimore. Life

Place of Death, {Give street and number} 107 Eastern Ave

Cause of Death, {First (Primary.) / Second (Immediate,)} Asthenia

Duration of Last Sickness,

All the above information should be furnished by the Physician

Place of Burial, ~~Potters Field~~ City

Date of Burial. Nov 10 1875. Jas A Steuart M. D.

Medical Attendant

Undertaker, Jas P. Byrne

Place of Business, Front St Address Commissioners of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Thomas Byrne Friend

[OVER]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6401

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 8,

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Margaret Amyart

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 5 *Years,* 2 *Months,* 28 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 787 Light St.

Cause of Death, First (Primary,) Diptheria

Second (Immediate,) Diptheritic Croup

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Nov 10th 1875

Medical Attendant. M. D.

Undertaker, Charles F. Herod

Place of Business, No 161 Hanover St. *Address* 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6402

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTRAR'S DEPARTMENT NOV 9 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 9th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary A Cain

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Years, 10 Months, ——— Days.

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ———

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} Mango St - no Number -

Cause of Death, {First (Primary,) Inflammation of Bowels —

{Second (Immediate,) ———

Duration of Last Sickness, 10 days ———

All the above information should be furnished to the Physician.

Place of Burial, Mount Lloret Cemetery ~~Harlesden Cemetery~~

Date of Burial, on the 11th November

Undertaker, John S. Miller

Place of Business, Pacca & Camden Sts *Address* 76 S Paca St

A H Cairey M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...respectfully invited to the remarks below, and to List of Diseases on ba...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6403

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, November 7. 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Riley.

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 79 *Years,* — *Months,* *Days.*

Color, White *Sex,* Female.

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Duny life.

Place of Death, {Give street and number.} 40 McElderry St.

Cause of Death, First (Primary,) Old age

Second (Immediate,) Rheumatism.

Duration of Last Sickness, 2 months.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem.

Date of Burial, Nov 9th 1875

Undertaker, Wm H. Eckman

Place of Business, 1234 Gay St

J. W. Hinck M. D.
Medical Attendant.

Address 95. E. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...respectfully invited to the remarks below, and to List of Diseases on ba...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6404

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 9 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 8-75

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henrietta Sampson

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.} Female

Age, — *Years,* 6 *Months,* *Days.*

Color, Black *Sex,* Female

~~Married, Single, Widow or Widower,~~ {Cross out the words not required in this Line.}

~~Occupation,~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore. Md.

Duration of Residence in the City of Baltimore, Whole life time

Place of Death, {Give street and number.} 28 Forrest st

Cause of Death, {First (Primary,) Convulsions

Second (Immediate,)

Duration of Last Sickness, Eight days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery D Webster Cattell M. D.

Medical Attendant.

Date of Burial, Nov. 9th 1875

{*Undertaker,* William H Hinge

Place of Business, 100 N. East Bod *Address* 112 S Exeter St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...spections is respectfully invited to the remarks below, and to List of Diseases on b...

Board of Health, City of Baltimore,

Permit No. 6405 — OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 5 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Nov 4 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henry Solomon

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 4 8 *Years,* 3 *Months,* 11 *Days.*

Color, Col *Sex,* Male

Married, ~~Single~~, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Hod Carrier

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Rochester N.Y.

Duration of Residence in the City of Baltimore, 13 years

Place of Death, {Give street and number.} N. Durham 21 211

Cause of Death, {First (Primary,) Consumption / Second (Immediate.)

Duration of Last Sickness, 10 Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Nov. 7th 1875

E. L. Baldwin M. D.
Medical Attendant.

{*Undertaker,* William H. Runge / *Place of Business,* No 114 East Bal.

Address 124 N. Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...specially directed to the remarks below, and to List of Diseases on ba...

Board of Health, City of Baltimore,

Permit No. 6406

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 9 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 8 '75

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Geo E Lahey

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 2 *Years,* 3 *Months,* *Days.*

Color, white *Sex,* male

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, none

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt: City

Duration of Residence in the City of Baltimore, all life

Place of Death, {Give street and number.} No 99 Hillen St

Cause of Death, First (Primary,) Accidental Fall from window

Second (Immediate,) Injury to Brain

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, November 9th

Edmund R Walker M. D.

~~Medical Attendant~~

Coroner in P. S

Undertaker, Jas [illegible]

Place of Business, [illegible] St *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

...respectfully invited to the remarks below, and to List of Diseases on b...

Board of Health, City of Baltimore,

Permit No. 6407

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 9 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov. 8th 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Christopher Snyder

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 32 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Carpenter

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, Fifty years.

Place of Death, {Give street and number.} 6 S. Castle st

Cause of Death, {First (Primary,) Opium poisoning

{Second (Immediate,) Codeia

Duration of Last Sickness, Two hours

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, Nov. 9th 3 P.M.

C. Glanville Peck M. D.
Medical Attendant.

{*Undertaker,* John Braun

{*Place of Business,* 77 S. Wolfe St

Address Balt & Wash. R.R.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 12408

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 5th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Barnes D Ward.

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 27 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Carpenter

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Petersburg Va

Duration of Residence in the City of Baltimore. 9 years

Place of Death, {Give street and number.} 323 Franklin st

Cause of Death, First (Primary,) ....

Second (Immediate,) Dilitation of Heart with Valv insufficency

Duration of Last Sickness, 2 Months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, November 10th

Dr A M Little M. D.
Medical Attendant.

Undertaker, John S Maher

Place of Business, Cor Camden & Paca Address 231 Franklin st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...respectfully invited to the remarks below, and to List of Diseases on b...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6709.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 9 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov. 8. 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} M. L. Blume.

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 6 *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt. Md.

Duration of Residence in the City of Baltimore, Since birth.

Place of Death, {Give street and number.} 24 S. Marks St.

Cause of Death, First (Primary,) Chronic Croup.

Second (Immediate,) Asphyxia

Duration of Last Sickness, Two days

All the above information should be furnished by the Physician.

Place of Burial, Methodist Cem. G. Manville Rusk, M. D.

Date of Burial, Nov 10th 1875 Medical Attendant.

Undertaker, Jas F. Byrne

Place of Business, 63 Front *Address* Balt. & Marks Sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6410

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 2 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept. 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Wm S. Wilson

Sex, Male or Female, { Cross out the word not required in this line. }

Age, ____ *Years,* 2 *Months,* ____ *Days.*

Color, Black *Sex,* Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. } —

Occupation, ____

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Whole life

Place of Death, { Give street and number. } Penick Alley 83

Cause of Death, { First (Primary,) Inanition

Second (Immediate,)

Duration of Last Sickness, One month

All the above information should be furnished by the Physician.

Place of Burial, Lamb's Cemetery

Date of Burial, Sept 6th 75

{ *Undertaker,* [illegible]

{ *Place of Business,* 1421 Hanover St

James Bowles *M. D.*

Medical Attendant.

Address Cor Lombard & Hanover Sts Balto Md.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 6416

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTRAR'S DEPARTMENT NOV 9 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 8th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Elizabeth Mary Kneedewis

Sex, ~~Male~~ *Female,* {Cross out the word not required in this line.}

Age, One *Years,* One *Months,* Eighteen *Days.*

Color, White *Sex,* Female

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 409 N. Gay St

Cause of Death, First (Primary,) Pneumonia

Second (Immediate,) Hepalization (Gray) of the Lungs

Duration of Last Sickness, Three weeks

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cemetery

Date of Burial, 10th Nov.

Undertaker, Adam Fink

Place of Business, 461 N. Gay St. *Address* 305 N Caroline St

J. Hartman M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6412

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 9 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, November 7th 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } John Seibert

Sex, Male or Female, { Cross out the word not required in this line. } male

Age, — *Years,* — *Months,* 30 — *Days.*

Color, White *Sex,* — male

~~*Married, Single, Widow or Widower,*~~ { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } — Baltimore md —

Duration of Residence in the City of Baltimore, — all its days

Place of Death, { Give street and number. } 3 E. Pratt St

Cause of Death, { First (Primary,) — Syphilitic taint + Eruption

{ Second (Immediate,) — do —

Duration of Last Sickness, — 30 days —

All the above information should be furnished by the Physician.

Place of Burial, Druids Hill

Date of Burial, Nov 9/75

Undertaker, { Gh Rossin

Place of Business, 136 E Fayette

Cockrane *M. D.*

Medical Attendant.

Address 62 Fayette

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...SICIANS IS RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BA...

Board of Health, City of Baltimore,

Permit No. 6413

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 9 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Nov 6. 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Matilda

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ... *Years,* ..... *Months,* 8 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Foundling

Duration of Residence in the City of Baltimore, 7 days

Place of Death, {Give street and number.} St Vincents Infant Asylum

Cause of Death, First (Primary,) Congenital Hydrocephalus,

Second (Immediate,) Convulsions

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, Nov 9. 1875

Undertaker, Jas L. Chalmers

Place of Business, 262 Penn Ave

Mahlon Brown M. D.
Medical Attendant.

Address 201 W. Biddle St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...ctions is respectfully invited to the remarks below, and to List of Diseases on ba...

Board of Health, City of Baltimore,

Permit No. 6414

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 8 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 8th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wm Henry Ebers.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 6 *Years,* 11 *Months,* *Days.*

Color, —

Sex, Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 228 Battery Ave.

Cause of Death, First (Primary,) Diphtheria

Second (Immediate,)

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, Nov. 10th 1875

Undertaker, Chas F. Hartle

Place of Business, 161 Hanover St

R. J. N. Tall M. D.
Medical Attendant.

Address 15 S. Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...SICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK

Board of Health, City of Baltimore,

Permit No. 6415 — OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 10 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov. 9. 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Angela Conroy

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, *Years,* *Months,* 24 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} President St. Balt. City

Duration of Residence in the City of Baltimore, 24 days

Place of Death, {Give street and number.} St Vincents Infant Asylum

Cause of Death, {First (Primary.) atrophy

{Second (Immediate,) collapse of lung

Duration of Last Sickness, 14 days

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, Nov 10. 1875

Maubury Brown *M. D.*
Medical Attendant.

Undertaker, George Caffrey

Place of Business, 121 Penna Ave — *Address* 201 W. Biddle St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6416

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 10 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 8 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Milena P. Dawkins

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 29 *Years,* — *Months,* — *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} married

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 3 years.

Place of Death, {Give street and number.} 25 Fallon

Cause of Death, First (Primary,) Puerperal Fever

Second (Immediate,) (Peritonitis.)

Duration of Last Sickness, 12 days.

All the above information should be furnished by the Physician.

Place of Burial, Havre de Grace

Date of Burial, Nov 10th 1875

Hiram B Howard M. D.
Medical Attendant.

Undertaker, Thos J Hughes

Place of Business, 60 E Balto *Address* T Hughes Co

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

256 Interment to Havre de Grace

...pecially directed to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6417

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT NOV 10 1875 BALTIMORE

Date of Death, Nov. 9th 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} * Philip Henry Mansby.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 40 *Years,* 10 *Months,* 8 *Days.*

Color, White *Sex,*

Married, ~~Single, Widow or Widower~~ {Cross out the words not required in this line.}

Occupation, Clerk

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore. During whole life

Place of Death, {Give street and number.} No. 57. N. Exeter St.

Cause of Death, First (Primary,) Typhoid Malarial Fever.

Second (Immediate,)

Duration of Last Sickness, 16 days.

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cem.

Date of Burial, Nov 10th 2 P.M.

Undertaker, Robt J. Hall

Place of Business, 133 E. Balto

Jno. W. Thomsen M. D.
Medical Attendant.

Address 1334 Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

* Philip H. Mansby.

THE SPECIAL ATTENTION OF PHYSICIANS IS RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BAC

Board of Health, City of Baltimore,

Permit No. 6418

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT NOV 10 1875 BALTIMORE

Date of Death, Nov 9th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Frances Ann Day

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 45 *Years,* ——— *Months,* ——— *Days.*

Color, Black

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 119 S. Bethel St

Cause of Death, {First (Primary.) ——— Second (Immediate,)} Paralysis

Duration of Last Sickness, 5 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Nov 10th 1875

Undertaker, John W. Locke

Place of Business, Wolf St

James A Steuart M. D.

~~Physician~~

Address Commrs of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Caleb Day — Husband —

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6419

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 10 1915 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Nov 10 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Louisa Duvall

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 5 Minutes ~~Days.~~

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 222 W. Pratt St

Cause of Death, First (Primary,) ———

Second (Immediate,) Asthenia

Duration of Last Sickness, ———

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus B G

Date of Burial, Nov 10 1875

James A Steuart M.D.
~~Medical Examiner~~

Undertaker, Parents

Place of Business, ———

Address Commiss of Health & Registrar.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Information by Louisa Burwick Grandmother

...ysicians is respectfully invited to the remarks below. and to List of Diseases on ba...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6420

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 10 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 8th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Eliza d Wright

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 22 *Years,* *Months,* *Days.*

Color, Colored *Sex,* F

Married, ~~*Single, Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 5 years

Place of Death, {Give street and number.} Winchester Alley No 2

Cause of Death, First (Primary,) Child Birth

Second (Immediate,) General Debility

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Jumpsurder Md.

Date of Burial, Nov 10th 1875

Undertaker, John E Jordon

Place of Business, 63 Park Av

D. H. Keller M. D.
Medical Attendant.

Address 57 N Greene St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

(Transit 257)

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6421

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 10 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 9th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Laura Dean Owings

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.} Female

Age, ——— *Years,* ——— *Months,* one hour ~~Days.~~

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 75 Mount St

Cause of Death, {First (Primary,) Prematurus Birth (8 mos)
Second (Immediate,) Asthenia

Duration of Last Sickness, ———

All the above information should be furnished by the Physician

Place of Burial, Loudon Park

Date of Burial, Nov 10th 1875

James A Steuart M. D.
Health Officer & Attendant

Undertaker, M^c Coull Bro^s

Place of Business, Saratoga St

Address Commiss of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Information by Israel Owings Father

The special attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6423

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 10 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 10 — 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Martha Keenan

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, *Years,* *Months,* 11 — *Days.*

Color, White *Sex,* Female.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 29 Bond St Maryland

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 291 Bond St

Cause of Death, {First (Primary,) / Second (Immediate,)} Premature Birth.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery F. W. Heck M. D.

Date of Burial, Nov. 10th. Medical Attendant.

Undertaker, H. Diffel

Place of Business, S. Bond St. 151 *Address* 75 E. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The special attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6423,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 10 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 7th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Harriet Thomas

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 97 *Years,* *Months,* *Days.*

Color, Colored *Sex,*

Married, ~~Single~~, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Servant

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Talbot Co Md.

Duration of Residence in the City of Baltimore, five years

Place of Death, {Give street and number.} 12 Duncan Alley

Cause of Death, First (Primary,) old age

Second (Immediate.)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Dallas St Cemetery

Date of Burial, November 9th 75

Undertaker, J.W. Davis

Place of Business, 12 Saratoga St

Charles M Morfit M. D.

Coroner

Medical Attendant.

Address 82 N Dr Balto St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

[illegible] is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1,124

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 10 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Nov 9 = 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Adam Bürkle

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 23 *Years,* 2 *Months,* *Days.*

Color, White *Sex,* Male

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Glass blower

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 211 West St

Cause of Death, First (Primary,) Occupation

Second (Immediate,) Phthisis Pulmonalis

Duration of Last Sickness, 9 or 10 Months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem Leo L. Rice M. D.

Date of Burial, Nov 11 th 1875 Medical Attendant.

Undertaker, Julius Koehler *Address* 62. Park Ave

Place of Business, Cor Sharp & Cross. sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

...respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4425

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 10 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Nov 9. 75

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Emily Jemme

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, ... *Years,* 1 7 *Months,* ... *Days.*

Color, White *Sex,* ...

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number.} S. E. cor Hanover & Burgundy

Cause of Death, First (Primary,) Diphtheria

Second (Immediate,) Apnea

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Nov 11 th

Undertaker, H Brickle

Place of Business, Henrietta st 81

D Shuster M. D.
Medical Attendant.

Address 154 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1426

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 10 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 10th of Nov 75

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Hewett

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 6 *Years,* *Months,* *Days.*

Color, Wht

~~*Married, Single, Widow or*~~ *Widower,* {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore.

Place of Death, {Give street and number.} 385 E Allen Ave

Cause of Death, {First (Primary.) Diphtheritis / Second (Immediate,) Paralysis cordis

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician

Place of Burial, St Johns Cemetery

Date of Burial, 12th of Nov 75

Undertaker, John Braun

Place of Business, 77 E Lafayette

Address 249 E Baltimore St

J Mathias M. D.
Medical Attendant

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6427

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 10 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 9th 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Dennis A. Taylor

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 1 *Months,* 14 *Days.*

Color, Brown *Sex,* ...

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. Md.

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number.} 144 Cook st.

Cause of Death, {First (Primary,) ... Second (Immediate,) Inflammation of Intestines

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Nov 11 1875

R. M. Hall M. D.
Medical Attendant.

Undertaker, S. W. Chase

Place of Business, 198 Brown's *Address* 266 S. Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6428

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 10 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, November 9th. 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Emma Wasmuth

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, Three *Years,* Six *Months,* — *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} No. 118 Raburg Stret

Duration of Residence in the City of Baltimore, Baltimore city

Place of Death, {Give street and number.} No. 118 Raburg Steet

Cause of Death, {First (Primary,) Scarlatina. {Second (Immediate.)

Duration of Last Sickness, Six days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetry

Date of Burial, Nov. 10th 1875

{*Undertaker,* Adam Weidemeyer
{*Place of Business,* 518½ W. Baltimore str.

Chas. W. Neff M. D.
Medical Attendant.

Address 306 N. Fayette Stret

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6429

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 10 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov. 9th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Eulerika D. Schley

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 26 *Years,* 7 *Months,* 17 *Days.*

Color, White *Sex,* Female

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Cook

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Howard Co, Maryland

Duration of Residence in the City of Baltimore, 4 Mos

Place of Death, {Give street and number.} 110 Harlem Ave

Cause of Death, First (Primary,) Constitutional

Second (Immediate,) Consumption

Duration of Last Sickness, Five Mos

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Nov 11th 1875

Judson Gilman M. D.
Medical Attendant.

Undertaker, Jos. Lowe

Place of Business, 568 W Balto St *Address* 172 Saratoga St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

THE SPECIAL ATTENTION OF PHYSICIANS IS RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6430

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 10 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Nov 8th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Infant of Eliza Wright

Sex, ~~Male~~ ~~Female~~, {Cross out the word not required in this line.} Male

Age, —— *Years,* —— *Months,* 2 weeks *Days*

Color, Blk

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, ——

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore. Life

Place of Death, {Give street and number.} 2 Winchester alley

Cause of Death, {First (Primary,) ——; Second (Immediate,) Asthenia}

Duration of Last Sickness, ——

All the above information should be furnished by the Physician

Place of Burial, Gun Powder Md

Date of Burial, Nov 10th 1875

Name of Physician, James H Steuart M. D. ~~Medical Examiner~~

Undertaker, John C. Jordan

Place of Business, 63 Park Ave

Address Commissioners of Health Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Information by John C. Jordon undertaker

...respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6431

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 10 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 9th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Andrew J Lainhart

~~*Sex,*~~ *Male or* ~~*Female,*~~ {Cross out the word not required in this line.}

Age, 13 *Years,* 5 *Months,* *Days.*

Color, White *Sex,* Male

~~*Married*~~, *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, ——— /

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, during life

Place of Death, {Give street and number.} 154 Seed St

Cause of Death, First (Primary,) Pseudo Leucocythemia

Second (Immediate,) Extreme Anemia

Duration of Last Sickness, Over six months

All the above information should be furnished by the Physician.

Place of Burial, Balto County

Date of Burial, Nov. 10th 1875

{*Undertaker,* John S. Mather

{*Place of Business,* Camden Place

Wm E Baldwin M. D.
Medical Attendant.

Address 175 St Paul St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1432

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 10 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, November 9th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Elizabeth Bryan

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 22 *Years,* 6 *Months,* 18 *Days.*

Color, White *Sex,* Female.

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Queen Anns Co. Md.

Duration of Residence in the City of Baltimore, 15 Years

Place of Death, {Give street and number.} 245 N. Caroline St

Cause of Death, First (Primary,) Phthisis

Second (Immediate,)

Duration of Last Sickness, 4 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Queenstown Eastern Shore Md F. A. McManus M. D.

Medical Attendant.

Date of Burial, Nov 11 1875

Undertaker, James D Byrne

Place of Business, No 63 Front St *Address* 71 Franklin St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

(Transit 258)

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6433,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 10 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 10th. 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Adelia Meyer

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 2 *Years,* 11 *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. Md.

Duration of Residence in the City of Baltimore, Lifetime.

Place of Death, {Give street and number.} 362½ Light-st.

Cause of Death, First (Primary,) Scarlet-Fever

Second (Immediate,)

Duration of Last Sickness, 7 days.

All the above information should be furnished by the Physician.

Place of Burial, [illegible]

Date of Burial, Nov 11th 1875

J. E. Harington M. D.
Medical Attendant.

Undertaker, [illegible]

Place of Business, 207 Hanover

Address 321 Light-st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No.

The special attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 64341

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 10 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 7th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Joseph Raymond Grantson

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, —— *Years,* 4 *Months,* —— *Days.*

Color, Colored *Sex,* Male

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.} Single

Occupation, ——

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 67 Pabuny St

Duration of Residence in the City of Baltimore, 4 Months

Place of Death, {Give street and number.} 67 Pabuny St

Cause of Death, First (Primary,) Bronchitis

Second (Immediate,) Consumption

Duration of Last Sickness, 2 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Nov 10th 1875

Jos A. Gilles M. D.
Medical Attendant.

Undertaker, Wm S Gray

Place of Business, 65 Mulberry St

Address 28 N. Gruner

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 6435

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 6435

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 10 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 9th 75

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jos F Tinalla

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 67 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Grocer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Poland

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give street and number.} 105 N. Bath st

Cause of Death, First (Primary,) Hernia Cerebri

Second (Immediate.)

Duration of Last Sickness, 6 days.

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, Nov 11 1875

Jno Brooke Boyle **M. D.**
Medical Attendant.

Undertaker, James O'Byrne

Place of Business, No 63 North Front st

Address 174 E Eager st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

PHYSICIAN'S ATTENTION IS RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6436

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT NOV 11 1875 BALTIMORE.

Date of Death, Nov. 10th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Martin Hutzack

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* *Months,* 18 *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the word is not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore.

Place of Death, {Give street and number.} No 3 Nelsons Court

Cause of Death, {First (Primary.) Typhoid fever / Second (Immediate,)

Duration of Last Sickness, 1 Month

All the above information should be furnished by the Physician.

Place of Burial, St. Alfonsis Cem

Date of Burial, Nov. 11th 1875

Undertaker, F. Bokern

Place of Business, 36 Thames st.

Ernest Stein M. D.
~~Health Commissioner~~

Address Commiss of Health & Registrar.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Joseph Schultheis (Friend)

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6457

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 11 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 10th 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Alexander Falconer

Sex, Male or Female, {Cross out the word not required in this line.} Male.

Age, 85 *Years,* — *Months,* — *Days.*

Color, White *Sex,* male.

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widower

Occupation, Merchant-

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Elgin, Scotland.

Duration of Residence in the City of Baltimore, 28 years.

Place of Death, {Give street and number.} Bond & McCulloh Sts. (3)

Cause of Death, First (Primary,) Old age

Second (Immediate,) —

Duration of Last Sickness, 3 months.

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Russell Inndrch M. D.

Date of Burial, 12 Medical Attendant.

Undertaker, Geo W Spence *Address* #2 Cathedral St.

Place of Business, 206 Hanover st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6438

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
1875
BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 11th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Geo. W. Wales.

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 23 *Years,* — *Months,* — *Days.*

Color, *Sex,* Male

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 384 Light St.

Cause of Death, {First (Primary,) / Second (Immediate,)} Cerebro-Spinal Meningitis

Duration of Last Sickness, 60 days.

All the above information should be furnished by the Physician.

Place of Burial, Second Street

Date of Burial, Nov 13 1875

Undertaker, Armstrong & Lowry

Place of Business, 112 Light

R. J. H. Tall M. D.
Medical Attendant.

Address 158 S. Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. [illegible]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4439

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 11 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov. 10th. 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Neary

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.} Female

Age, [illegible] *Years,* 10 *Months,* 10 *Days.*

Color, White, *Sex,* Female,

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt. Md.

Duration of Residence in the City of Baltimore, Since Birth.

Place of Death, {Give street and number.} 37 N. Chapple St.

Cause of Death, First (Primary,) Marasmus

Second (Immediate,) Exhaustion

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemi

Date of Burial, Nov 11th 75

Undertaker, A. Kibler

Place of Business, 244 Sowland.

C. Hamilla, Rusk M. D.
Medical Attendant.

Address Baltimore, Md.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6449

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT NOV 11 1875 BALTIMORE

Date of Death, November 10th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Silvie Burton

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 3 years. *Years,* 2 *Months,* 23 *Days.*

Color, Colored *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, All its life

Place of Death, {Give street and number.} 120 Orchard St.

Cause of Death, {~~First (Primary,)~~ / Second (Immediate,)} Capillary Bronchitis

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, November 11th 1875

Undertaker, William H. Dungee

Place of Business, No 104 East St.

Joseph S. Perkins M.D.
Medical Attendant.

Address 172 Franklin St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...ion of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6464

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 11 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Nov 9th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charlotte Collins

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, [redacted] *Years,* Eleven *Months,* *Days.*

Color, Colored *Sex,* Female

~~*Married,*~~ *Single,* ~~*Widow or Widower.*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 316 Orleans St

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 316 Orleans St

Cause of Death, { First (Primary,) Teething
[redacted] (Immediate,) Convulsions

Duration of Last Sickness, Three Weeks

All the above information should be furnished by the Physician.

Place of Burial, Locust Cemetery

Date of Burial, November 11th 75

Undertaker, William A. Taylor

Place of Business, No 164 East St Address 150 E. Broadway

William A. Taylor M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6442

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 11 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 10 75

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Thos J Phillips

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, Seven *Years,* Ten *Months,* Nineteen *Days.*

Color, White *Sex,* Male

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Miller

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Delaware

Duration of Residence in the City of Baltimore, 50 Years

Place of Death, {Give street and number.} # 698 W. Lombard St

Cause of Death, First (Primary,) Died from Exposure

Second (Immediate,) Consumption

Duration of Last Sickness, Sick for several years confined to house about two months

All the above Information should be furnished by the Physician.

Place of Burial, Westerner County

Date of Burial, November 12

Jas L. Smithem (M. D.)
Medical Attendant.

Undertaker, S B Cook

Place of Business, 707 west Baltimor Address 584 W Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

☞ SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6413,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 11 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Nov 10 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named give names of parents.} George Alex Seldon

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ~~Years,~~ 1 *Months,* 2 3 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 2721 E. Howard St

Cause of Death, {First (Primary,) Artificial Nursing

{Second (Immediate,) Inanition

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician

Place of Burial, Laurel Cemetery

Date of Burial, Nov 11 1875

{Undertaker, P. W Chase

{Place of Business, E. Howard St

James A Clements M. D.
~~Resident Physician~~

Address Commissioners of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Information by Isaac Seldon — Father

No.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6 1 4 1 5

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 11 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 11

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Anna Mar. Eber

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 54 *Years,* 6 *Months,* 21 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Bavaria

Duration of Residence in the City of Baltimore, 21 Years

Place of Death, {Give street and number.} 39 Lancaster St.

Cause of Death, First (Primary,) Consumption of Lungs

Second (Immediate,)

Duration of Last Sickness, Six Years

All the above information should be furnished by the Physician.

Place of Burial, St Alfonsus Cemetary

Date of Burial, November 11th 1875

Edward Miller *M. D.*
Medical Attendant.

Undertaker, H. Rochlick

Place of Business, No 246 Eastern Av *Address* 1435 Bridadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The special attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6145

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 17 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 10. 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James Marion Perkins

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ~~~ *Years,* 9 *Months,* 14 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} #350 N. Gay st. Baltimore

Duration of Residence in the City of Baltimore, 9 years 4 mo 2 days

Place of Death, {Give street and number.} #350 N. Gay st.

Cause of Death, First (Primary,) Tuberculor Meningitis

Second (Immediate,) Eclampsia

Duration of Last Sickness, 12 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery. Geo. H. Hartman M. D.

Medical Attendant.

Date of Burial, Nov 12th/75

Undertaker, Geo. Schilling Address #605 N. Caroline

Place of Business, cor Fairmount & Monument st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6446

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 11 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 10th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lee Art Anderson

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.} Female

Age, *Years,* 4 *Months,* 7 *Days.*

Color, Blk. *Sex,* Female

~~*Married*~~, *Single,* ~~*Widow*~~ *or* ~~*Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 308 Raborg St.

Duration of Residence in the City of Baltimore, Life time.

Place of Death, {Give street and number.} 208 Raborg St.

Cause of Death, {First (Primary,) Suppression

Second (Immediate,) —

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery J. G. Wibblin M. D.

Date of Burial, Nov 10. 75 Medical Attendant.

Undertaker, C. W. Chase

Place of Business 192 E. Howard st. *Address* 398 N. Fayette st. City.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The special attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 64447

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 11 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 9th 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Stanislaus Hudgick.

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 1 *Months,* ——— *Days.*

Color, White *Sex,* male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} Philpot St not numbered.

Cause of Death, First (Primary,) Scarlet fever

Second (Immediate,)

Duration of Last Sickness, 5 weeks.

All the above information should be furnished by the Physician.

Place of Burial, St Michaels Cemetery

Date of Burial, Nov 11th 1875

Undertaker, K. Eckhard

Place of Business, 269 Canton Av. *Address*

J. H. Rehberger M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 6448

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6448

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 11 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Barbara Lenz

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mrs W Lenz

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 41 *Years,* ——— *Months,* ——— *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, [illegible]

Place of Death, {Give street and number.} 118 S. Chapel

Cause of Death, First (Primary,) Abdominal Tumor

Second (Immediate,) Dropsy

Duration of Last Sickness, 4 months

All the above information should be furnished by the Physician.

Place of Burial, [illegible]

Date of Burial, Nov. 11th

Horace B Hurst M. D.
Medical Attendant.

Undertaker, Henry Brown

Place of Business, [illegible] *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 10[illegible]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6449

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT NOV 11 1875 BALTIMORE.

Date of Death, November 9th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Ellcambus Gillis

Sex, Male or Female, {Cross out the word not required in this line.} ~~Female~~

Age, ____ *Years,* 2 *Months,* ____ *Days.*

Color, Brown *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ____

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Crop st

Duration of Residence in the City of Baltimore, ____

Place of Death, {Give street and number.} Crop st No 241

Cause of Death, First (Primary,) Congestion of the Brain

Second (Immediate,) 2 wks

Duration of Last Sickness, ____

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Nov. 11th 75

Undertaker, John B Williams

Place of Business, 107 Lee st

J Shutty M. D.
Medical Attendant.

Address No 210 S. Eutaw St City

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 6450

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6450

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 1 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, November 10 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Chas. Reed

~~*Sex,*~~ *Male or* ~~*Female*~~, {Cross out the word not required in this line.}

Age, 7 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Edge Tool Grinder

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Cent Co. Md

Duration of Residence in the City of Baltimore, 5 years

Place of Death, {Give street and number.} 530 Jay St.

Cause of Death, First (Primary,) Cholera Infantum — 48 hrs

Second (Immediate,)

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, St Vincent Cem Jas. Harrison M. D.

Date of Burial, Nov 12th 1875 Medical Attendant.

Undertaker, Mrs Ira Lemm *Address* Machine Girl Diseases

Place of Business, 263 Light St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6457

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 11 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 10th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John A Wentz

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 3. *Years,* 9. *Months,* 3. *Days.*

Color, White *Sex,* Male

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, ——

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 3 Yrs 9 Mos 3 days

Place of Death, {Give street and number.} S. E. Cr Gilmor & Pratt

Cause of Death, First (Primary,) Burned by fire

Second (Immediate,) Convulsions.

Duration of Last Sickness, about 36 hours

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetary

Date of Burial, Nov 12th 1875

Undertaker, Hughes & Co

Place of Business, 550 Fayette St

Geo W. Annis M. D.

Medical Attendant.

Address Cr Pratt & Gilmor

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 6452

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6452

The Physician who attended any person in a last Illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 11 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov. 7th 75

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Geo. Dorsey

~~*Sex*~~, *Male* ~~*or Female*~~, { Cross out the word not required in this line. }

Age, 29 *Years,* *Months,* *Days.*

Color, Colored *Sex,* male

Married, ~~*Single, Widow or Widower,*~~ { Cross out the words not required in this line. }

Occupation, Convict

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Dont Know

Duration of Residence in the City of Baltimore, 18 Months

Place of Death, { Give street and number. } Maryland Penitentiary

Cause of Death, { First (Primary,) / Second (Immediate,) } Pulmonary Phthisis

Duration of Last Sickness, 6 Months

All the above information should be furnished by the Physician.

Place of Burial, E. Potters Field

Date of Burial, Nov 11th 1875

Jno. Brooke Boyle **M. D.**
Medical Attendant.

Undertaker, W. Donovan

Place of Business, 174 & 178 S. Central Av *Address* 174 E. Eager st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2., And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in case of births and deaths of illegitimate children.

[OVER.

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6453

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 12 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 11th of Nov. 75

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ethelinder Ogle

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 44 *Years,* 9 *Months,* 22 *Days.*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 44 years

Place of Death, {Give street and number.} 3 S. Bethel Street

Cause of Death, {First (Primary.) Pthisis tuberculosa. Second (Immediate.) Suffocation

Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, Bolle Cemetery

Date of Burial, Nov 13th 1875

Undertaker, [illegible]

Place of Business, [illegible]

J. Mathieus M. D.
Medical Attendant.

Address 245 S. Bethel St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of Illegitimate children.

[OVER.]

No. 5411

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 64574

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Nov 11 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary McLean

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 53 *Years,* " *Months,* " *Days.*

Color, W *Sex,* F

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, No occupation

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto city Md

Duration of Residence in the City of Baltimore, 53 years

Place of Death, {Give street and number.} N. 52 gardner Balto

Cause of Death, {First (Primary,) Cold

{Second (Immediate,) congestion Lungs

Duration of Last Sickness, about 10 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem't S. H. Patterson

Date of Burial, Nov 13th 1875

{*Undertaker,* Jacob Weaver

{*Place of Business,* No 1865 and Hill Avenue

M. D.

Medical Attendant.

Address 23 Franklin st Balto

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 6455

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6455

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT
DEC 12
1875
BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, November 11th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Robt Joseph Dobbin

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 11 *Years,* 4 *Months,* *Days.*

Color, White *Sex,* Male

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 158 W. Biddle St

Cause of Death, {First (Primary,) Typhoid Fever
Second (Immediate,)

Duration of Last Sickness, 20 days

All the above information should be furnished by the Physician.

Place of Burial, Green Mt. Cemty D. L. Williams *M. D.*

Date of Burial, Saturday Nov 13th Medical Attendant.

Undertaker, Hy. W. Jenkins & Son *Address* 201 Madison Ave

Place of Business, 16 Light.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

OVER.

Y ▲ F I L M ■

No.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 6456

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
NOV 12 1875
BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Nov 11. 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Joseph R Gaines

~~Sex,~~ *Male* ~~or Female~~, {Cross out the word not required in this line.}

Age, 24 *Years,* *Months,* *Days.*

Color, Brown *Sex,*

Married, ~~Single, Widow, Widower,~~ {Cross out the words not required in this line.}

Occupation, Barber

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, all her life

Place of Death, {Give street and number.} 69 Oxford St

Cause of Death, First (Primary,) Typhoid.

Second (Immediate,) Slow decline - Failure of digestive organs

Duration of Last Sickness, Nine Weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Nov 12, 1875

Da Casey Thomas M. D.
Medical Attendant.

Undertaker, Tobin & Jordon

Place of Business, 660 Pratt Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

K S A F E T Y

No. 6457

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 6457.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last Illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 12 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, November 12th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Anna Sherin

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, *Years,* *Months,* 2 *Days.*

Color, white *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Co

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 95 N. Bethel st.

Cause of Death, { First (Primary,) / Second (Immediate,) Convulsions

Duration of Last Sickness, 8 hours.

All the above information should be furnished by the Physician.

Place of Burial, Mount Catholic Cem. P. Paul L. Dunn *M. D.*

Date of Burial, Nov 12 75 Medical Attendant.

{ *Undertaker,* Wm Fry

{ *Place of Business,* 544 Broadway *Address* 97 N. Bond st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

K O D A

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6458

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 12 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Unknown

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Unknown Foundling

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ——— *Years,* ——— *Months,* one *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ———

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Unknown

Duration of Residence in the City of Baltimore, One Day.

Place of Death, {Give street and number.} Unknown

Cause of Death, {First (Primary,) ——— Second (Immediate,) Unknown

Duration of Last Sickness, ———

All the above information should be furnished by the Physician.

Place of Burial, E. Potters Field

Date of Burial, Nov 12 1875

{*Undertaker,* H. Donovan *Place of Business,* 148 S. Central Ave.

D. Caldwell Ireland M. D.
Medical Attendant.

Address 178 Aisquith St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The special attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6459

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 12 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov. 11th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie Wunsch

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 75 *Years,* 10 *Months,* 17 *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Hanover. Germany

Duration of Residence in the City of Baltimore, 45 years

Place of Death, {Give street and number.} 145 Battery Ave

Cause of Death, { First (Primary,) Heart Disease (Hypertrophy)
Second (Immediate,)

Duration of Last Sickness, 3 years

All the above information should be furnished by the Physician.

Place of Burial, Baltimore, Md

Date of Burial, Nov 14th 1875

J. H. Smith M. D.
Medical Attendant.

Undertaker, C. F. Krause

Place of Business, 2 & 4 Hanover St *Address* 108 S. Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 6160

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6160

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 12 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Nov 11th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Ann Louisa Kuebel

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 6 *Years,* ——— *Months* ——— *Days.*

Color, Mulatto *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto city

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 93 Ridgley St

Cause of Death, First (Primary,) Malignant Scarlet Fever

Second (Immediate,)

Duration of Last Sickness, 30 hours

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet (Hollins)

Date of Burial, Nov 13th 1875

J Hanney M. D.
Medical Attendant.

Undertaker, C F Krause

Place of Business, 209 Hanover St *Address* 76 S Paca St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 6461

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6461

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 12 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 11th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Albert Gibbert

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, *Years,* 3 *Months,* *Days.*

Color, Wht *Sex,* Mal

Married, Single, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 230 Robert st

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 16 Booth st.

Cause of Death, First (Primary,) Hernia

Second (Immediate,)

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery G. G. Wilson M. D.

Date of Burial, Nov 13th 1875 Medical Attendant.

Undertaker, Wm. L. Gray

Place of Business, 63 Whitley st *Address* 398 W. Fayette st, City.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.

No. 6462

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6462

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 12 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, November 10th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Johnson

Sex, Male or Female, {Cross out the word not required in this line.} Female Negroe.

Age, ____ *Years,* ____ *Months,* 1 *Days.*

Color, Dark *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt.o Md.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 21 N. Calvert St.

Cause of Death, First (Primary,) Premature Birth

Second (Immediate,) Debility

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Lamec Cemetery

Date of Burial, Nov 11th 1875

Undertaker, Wm Sims Gray

Place of Business, 65 Mulberry St

Eugene F. Tyrell M. D.
Medical Attendant.

Address 55 Lexington St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

No. 6463

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6463

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 12 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 10th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Jordan Jones

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 36 *Years,* *Months,* *Days.*

Color, Colored *Sex,* M

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Vinegar Maker

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Connecticut, New Haven

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 120 Jasper St

Cause of Death, {First (Primary,) Heart disease
Second (Immediate,) oedema of the lungs—

Duration of Last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Nov 13th 1875

{*Undertaker,* Wm Sams Jr
{*Place of Business,* 65 Mulberry St

R. Winston M. D.
Medical Attendant.

Address 23 N Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 6464

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6464

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 1893 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov. 6th 1893

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Moses Jackson

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, five *Years,* *Months,* 14 *Days.*

Color, Colored *Sex,* Male

~~Married~~, Single, ~~Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, for life

Place of Death, {Give street and number.} No 11 Lords Alley

Cause of Death, First (Primary,) Scarlet fever

Second (Immediate,) Dropsy.

Duration of Last Sickness, three weeks.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Nov. 12th 93

Undertaker, J. B Williams

Place of Business, 107 Lee st

Lindley Elliott M. D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 6465

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6465

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 13 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, November 12th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Catharina Hempel

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 43 *Years,* *Months,* 18 *Days.*

Color, white *Sex,* female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, Twenty Seven years

Place of Death, {Give street and number.} 268 north Gay St Baltimore

Cause of Death, First (Primary,) Tubercular Phthisis

Second (Immediate,) " "

Duration of Last Sickness, Several months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Nov 15th

Undertaker, Geo. Schilling

Place of Business, Address cor Fayette & Monument st

Jos. Lloyd Martin M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

No. 6466

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 6466

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT NOV 13 1875 BALTIMORE

Date of Death, November 12th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Dorothea Schaefer Cox

White, Male or Female, {Cross out the word not required in this line.} Female

Age, 62 *Years,* 6 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, House-wife

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ehnot, Königreich d Baiern Germany

Duration of Residence in the City of Baltimore. Twenty-eight (28) Years

Place of Death, {Give street and number.} Alice Dorsey Street

Cause of Death, {First (Primary.) Pulmonary Phthisis
Second (Immediate.) Exhaustion

Duration of Last Sickness, About four years (4)

All the above information should be furnished by the Physician.

Place of Burial, Mathews Cemetery G. L. Wilkins M. D. Medical Attendant.

Date of Burial, Novemb 14th

Undertaker, Leonhard Kurr

Place of Business, 1 Bond St. *Address* 69 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 6267

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6267

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 13 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, ~~November~~ 12, 4 11 O'clock Am.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} John Edward Winningham

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

~~Age, Years~~, 9 Months, Months, Days.

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} No 9 Dawson Alley

Cause of Death, First (Primary,) Catarrh

Second (Immediate,) Exhaustion

Duration of Last Sickness, Since birth

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, Nov 13, 2 O'clock PM

Undertaker, Geo. C. Rodenmeyer *Address* 157 N. Eden St

Place of Business, 38 Eden St

Chas. H. Edwards, *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

No. 6468

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6468

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 13 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 11th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Emma Robinson

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 17 *Years,* 3 *Months,* *Days.*

Color, Col'd *Sex,* female.

Married, Single, ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Five years

Place of Death, {Give street and number.} 67 Dallas st

Cause of Death, First (Primary,) Pulm. Consumption

Second (Immediate,) Three months

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Dallis st Graveyard

Date of Burial, Nov 14

Undertaker, John E Jordan

Place of Business, 63 Park Ave

S. F. Coyner *M. D.*
Medical Attendant.

Address 1314 N High

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 6469

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6469

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 13 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 12 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Maria Waters

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 13 years *Years,* *Months,* *Days.*

Color, Black *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} St. Francis Col. Orphan asylum

Cause of Death, First (Primary,) Tuberculosis

Second (Immediate.) Tubercul. Meningitis

Duration of Last Sickness, about ten days

All the above Information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, Nov 13 1875

T. E. Chatard Jr M. D.
Medical Attendant.

Undertaker, James P Byrne

Place of Business, 163 N Gilmor St *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...will make returns ... Permits for P...

No. 6470

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6470

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT NOV 13 1875 BALTIMORE.

Date of Death, November 12th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Miss Maggy E. Morton

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 30 *Years,* ~~30~~ *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Calvert County. Md.

Duration of Residence in the City of Baltimore, Six years

Place of Death, {Give street and number.} Baltimore 277 Linden ave

Cause of Death, {First (Primary,) / Second (Immediate,)} Tuberculous Phthisis

Duration of Last Sickness, Three & a half years

All the above information should be furnished by the Physician.

Place of Burial, Prince Frederick, Calvert Co. George D Beatty M. D.

Date of Burial, Nov 14th 1875 *Medical Attendant,* U S Dr

{*Undertaker,* Lewis Ware

{*Place of Business,* 524 Druid Hill Avenue *Address* 226 Hoffman St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

(Transit 259)

No. 6471

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6471

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 13 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov. 12th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Osterhaus (Henry)

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 19 *Years,* 4 *Months,* 7 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Clerk

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 19 years 4 months 7 days

Place of Death, {Give street and number.} 351 William St

Cause of Death, {First (Primary,) Typhoid Fever
Second (Immediate.) 19 days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Antonius *John Morris,* M. D.
Medical Attendant.

Date of Burial, Nov 15 1875

Undertaker, C. F. Krause *Address* 5 Franklin St

Place of Business, 209 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6472

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 13 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Oct 29th 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles Foley

Sex, Male or Female, {Cross out the word not required in this line.}

Age, About 35 *Years,* — *Months,* — *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Sailor

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, unknown

Place of Death, {Give street and number.} Basin.

Cause of Death, First (Primary,) —

Second (Immediate.) Drowned

Duration of Last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, W. P. Fulton

Date of Burial, Nov 12th

Undertaker, M. H. & Peng

Place of Business, 448 S. Paca st.

Geo E Ogle M. D.

Medical Attendant.

Address 229 Cary st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 6473

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6473.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 13 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 13th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Henry Knippenberg

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 35 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Porter

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany, 8 years in U S

Duration of Residence in the City of Baltimore, 8 years

Place of Death, {Give street and number.} 57 Conway St.

Cause of Death, First (Primary,) Spinal Congestion

Second (Immediate,) Paralysis

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Sandhill Park Cemetry

Date of Burial, Nov. 14th 1875

Undertaker, Adam Weidemeyer

Place of Business, 518½ W. Baltimore St.

Wm Hoffe M. D.
Medical Attendant.

Address 129 Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

No. 6711

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6474

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT NOV. 13 1875 BALTIMORE.

Date of Death, Nov 13th 75

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mor M. Dorsey

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 33 *Years,* *Months,* *Days.*

Color, white *Sex,* male

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Engineer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt: City

Duration of Residence in the City of Baltimore, All life

Place of Death, {Give street and number.} Cor. Gough & Eden St

Cause of Death, First (Primary,) Intemperance

Second (Immediate,) Accidental Drowning

Duration of Last Sickness, Sudden Death

All the above information should be furnished by the Physician.

Place of Burial, Balto cemetery

Date of Burial, Oct 14th 2 P.M.

Undertaker, Richard Hall

Place of Business, East Balto St 233

Edmd R Walker M. D.

~~Medical Attendant.~~

Coroner N. P. Dist

Address 180 Linden Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

No. 6475

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6475.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT NOV 13 1875 BALTIMORE.

Date of Death, 11th of Novbr. 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Hermann Klein

~~*Sex,*~~ *Male or* ~~*Female*~~, { Cross out the word not required in this line. }

Age, 2 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } Columbia Ave. near Hiss

Cause of Death, { First (Primary,) Later neuralgia / Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery Fred. Hess M. D.

Date of Burial, 14 November. Medical Attendant.

Undertaker, W. S. Dill. *Address*

Place of Business, 183 Columbia avenue

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 6476

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6476,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 13 1875 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Nov 13th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lucy Frances Davenport

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 25 *Days.*

Color, Mulatto *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt Md

Duration of Residence in the City of Baltimore, 25 Days

Place of Death, {Give street and number.} 13 Spruce Court

Cause of Death, First (Primary,) Colera

Second (Immediate,)

Duration of Last Sickness, 7 Days

All the above information should be furnished by the Physician.

Place of Burial, E. Potters Field

Date of Burial, Nov 13th 1875

{*Undertaker,* Wm Donovan

Place of Business, 148 S. Central Ave

Chester Moyer M. D.
Coroner
Medical Attendant.

Address [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 10

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6477

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 13 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, November 11th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Alonzo David Oliver

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ——— *Years,* about 6 *Months,* ——— *Days.*

Color, Colored *Sex,* Illegitimate

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 13 Duncan Alley

Cause of Death, { First (Primary,) / Second (Immediate,) } Unknown

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery Chas. M. Morfit M. D.
Coroner Medical Attendant.

Date of Burial, November 13th 75

Undertaker, William H. Lange *Address* 84 E Balto St

Place of Business, 110 ½ East St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...returns of all Permits for ...

No. 6478

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

Permit No. 6478

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 13 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 12th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Jane Rogers

Sex, ~~Male~~ *Female,* {Cross out the word not required in this line.} Female

Age, Three *Years,* ~~—~~ *Months,* ~~—~~ *Days.*

Color, White

~~Married, Single, Widowed or Widower~~, {Cross out the words not required in this line.}

~~Occupation~~,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} No 403. Miccanna St.

Cause of Death, First (Primary,) Scarlet Fever

Second (Immediate,) Albuminuria

Duration of Last Sickness, Three weeks

All the above information should be furnished by the Physician

Place of Burial, St Patricks Cemetery

Date of Burial, November 13th 1875

Thomas R Evans M. D.
Medical Attendant

Undertaker, H. H. Gilmeyer

Place of Business, 340 Canton Ave *Address* No 18 Jackson Square

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 6479

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6479

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT NOV 13 1875 BALTIMORE

Date of Death, November 12th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Mich...

Sex, Male or Female, {Cross out the word not required in this line.} ...

Age, one *Years,* *Months,* 6 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long if to the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 1150 Division St

Cause of Death, First (Primary,) Intercurrent Meningitis

Second (Immediate,)

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery H. S. Davis M. D.

Date of Burial, Nov 14th 1875 Medical Attendant.

Undertaker, Andrew & Lee

Place of Business, 118 Druid Hill Ave *Address* Northwestern Dispensary

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 6480

The Special Attention of Physicians is respectfully invited to the remarks below, and to list of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6480

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *properly filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 14 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, November 13th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Caroline Thornhorsen.

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 75. *Years,* 7. *Months,* *Days.*

Color, White *Sex,* Female

~~*Married, Single,*~~ *Widow or* ~~*Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, Fifty years

Place of Death, {Give street and number.} No. 193 N. Gay St.

Cause of Death, First (Primary,) Senile Decay

Second (Immediate,)

Duration of Last Sickness, Has been failing for several months.

All the above information should be furnished by the Physician.

Place of Burial, Hollo Point Hebrew congregation cemetery

Date of Burial, Nov 14th/75

Christoph Johnston M. D.
Medical Attendant.

Undertaker, Moses Langford

Place of Business, 87 Gough St. *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 6[illegible]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Ce[illegible]

Board of Health, City of Baltimore,

Permit No. 6[illegible]481

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT
NOV 17
1875
BALTIMORE.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 13th November, 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Susan Dwyer.

Sex, Male or Female, {Cross out the word not required in this line.} Female.

Age, 26 *Years,* *Months,* *Days.*

Color, White *Sex,* Female.

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Calvert Co, Md.

Duration of Residence in the City of Baltimore, 20 Years.

Place of Death, {Give street and number.} 17 Drum St

Cause of Death, {First (Primary,) Pneumonia
Second (Immediate,) Tubercular Consumption

Duration of Last Sickness, 6 Months

All the above information should be furnished by the Physician.

Place of Burial, Loudon P. Cem[illegible] S. H. Little, M. D.
Medical Attendant.

Date of Burial, Nov. 15th 1875.

Undertaker, McCaull Bros

Place of Business, Saratoga St *Address* 231 Franklin St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 6211

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 6182

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last Illness is responsible for the presentation of this Certificate, duly filled *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 14. 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, November 13th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Emma Wollweber (Wollenweber)

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, 3 *Years,* 3 *Months,* 13 *Days.*

Color, white *Sex,* female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} S. Exeter St 58

Cause of Death, First (Primary,) Scarlet fever

Second (Immediate,) Exhaustion

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, 15 November

Dr F Reinhard M. D.
Medical Attendant.

Undertaker, F. Frey

Place of Business, Eastern Avenue *Address* 224 W Fayette Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...eteries in Ci...

No. 6483

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6483

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

HEALTH DEPARTMENT 1875 BALTIMORE.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 13th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Henry F. Gerhardt

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 2 *Years,* 5 *Months,* 23 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, 2 yrs 3 months 23 days

Place of Death, {Give street and number.} 45 East St Paul's Place

Cause of Death, { First (Primary,) Drowning
Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel Cemetery E. L. Williams, M. D.
Medical Attendant.

Date of Burial, December 14

{ *Undertaker,* Thomas Diggett
{ *Place of Business,* Bond & 157 Fell Address No 33 East St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Cer

No. 67

Board of Health, City of Baltimore,

Permit No. 6484

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 14 1875 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, November 12th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Margaret Ann Thomas

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Years, 4 Months, 12 Days.

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 215 Eastern Ave

Cause of Death, First (Primary,) Diarrhoea

Second (Immediate,) Eclampsia

Duration of Last Sickness, 4 Days

All the above information should be furnished by the Physician.

Place of Burial, Fulton Cemetery

Date of Burial, November 15th

James E. Donnelly M. D.
Medical Attendant.

Undertaker, Mendenhall Bro.

Place of Business, Bond St. & Fell's Pt. Road Address 299 E. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Keepers of Cemeteries in C... ...returns of all B... ...Burials

No. 1

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this C...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4485

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 14 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov. 13th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} George Bennett

~~*Sex,*~~ *Male or* ~~*Female,*~~ {Cross out the word not required in this line.}

Age, 2 *Years,* 2 *Months,* 25 *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Canton Ave

Duration of Residence in the City of Baltimore, during life

Place of Death, {Give street and number.} 138 Bank

Cause of Death, First (Primary,)

Second (Immediate,) Pneumonia

Duration of Last Sickness, 5 weeks

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel Cem'y

Date of Burial, Nov 15th 1875

W. M. Mansfield M. D.
Medical Attendant.

Undertaker, A. Eschlich

Place of Business, 246 Eastern Av *Address* 117 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this

No. 1

Board of Health, City of Baltimore,

Permit No. 4486

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 14 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Nov 12th 1875-

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Jno H. Bevans

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 18 *Years,* 7 *Months,* 3 *Days.*

Color, ~~Sup~~ Colored

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, Oyster Shucker

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Va

Duration of Residence in the City of Baltimore, 17 years

Place of Death, { Give street and number. } Hughes St,

Cause of Death, { First (Primary,) Consumption

Second (Immediate,) Hemorrage from the Lungs

Duration of Last Sickness, 5 Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Nov 15 1875

{ *Undertaker,* S K Chase

{ *Place of Business,* No 198 Howard St

R. C. Lee M. D.
Medical Attendant.

N. W. cor Hanover & Barre Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this C

Board of Health, City of Baltimore,

Permit No. 1487

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 12th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Thomas Norris

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 43 *Years,* *Months,* *Days.*

Color, col *Sex,* Male

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Miller (Flour)

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Always lived in Balt

Place of Death, {Give street and number.} 26 Raborg St

Cause of Death, First (Primary,) Softening of the brain

Second (Immediate,) Epileptic

Duration of Last Sickness, ten months

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, Nov 14 1875

Undertaker, J S M Chase

Place of Business, No 198 W Howard St *Address* 53 S Paca St Balt

M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 6455

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 14488

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 14 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Baltimore November 12th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Cassey Bernier

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Twenty Eight *Years,* *Months,* *Days.*

Color, Colored *Sex,* Female

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} Married

Occupation, Launderess

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Talbot Co. Maryland

Duration of Residence in the City of Baltimore, Life Years

Place of Death, {Give street and number.} No. 4 Plum Row Exchange

Cause of Death, First (Primary,) Phthisis and Hydrothorax

Second (Immediate,)

Duration of Last Sickness, Twenty ~~Days~~ days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Nov 14 1875

Undertaker, H W Chase

Place of Business, No 198 Broadway

J. D. Dyer M. D.

Medical Attendant.

Address No. 146 Hill St. Baltimore Md

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6489

The Physicinn who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

HEALTH DEPARTMENT FEB 1875 BALTIMORE

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 13th 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Frederick W. Nagle

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, 3 *Years,* 0 *Months,* 24 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Balto city

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } 264 Lee st

Cause of Death, { First (Primary,) Pneumonia

Second (Immediate,)

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, Bin. Cathedral J. H. Kenny M. D.

Medical Attendant.

Date of Burial, 15. Nov

{ *Undertaker,* G. F. Miller *Address* 76 Paca st

{ *Place of Business,* F. & Co. Paca st. Camden

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physicinn who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 6401

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6490

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 14 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Nov 18th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Joseph Johnson

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 1 *Years,* *Months,* 6 *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and number.} 156 Elliott St

Cause of Death, First (Primary,)

Second (Immediate,) Dentition

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, M. E. Burial Ground Phila. Road

Date of Burial, Nov. 14. 1875

Undertaker, Martha A Daige

Place of Business, 74 S. Broadway

J. H. Martin M. D.
Medical Attendant.

Address N. Linton St. near Baltimore St- Canton

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Sec. 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate of the birth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 6491

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6491

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT NOV 15 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, [illegible]

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Martha E Dickson

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, *Years,* 8 *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 54 S. Fremont St

Cause of Death, {First (Primary,) Second (Immediate,)} Cerebro Spinal Meningitis

Duration of Last Sickness, 6 Days

All the above information should be furnished by the Physician.

Place of Burial, Mt Ramah Cem

Date of Burial, Nov 14th 1875

M. D.
Medical Attendant.

{*Undertaker,* Weighton & Co
Place of Business, 330 W Fayette St *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6492

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ~~accurately filled out~~, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 15 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 14th, 40 Clock, A.M.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Unknown Father, E.O. Kelly

Sex, ~~Male or~~ Female, { Cross out the word not required in this line. } Mother, Mary A.

Age, ~~Years,~~ *Months,* 8 Weeks ~~Days.~~

Color, White, *Sex,* Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } No 17 Bartlett St.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, { Give street and number. } No. 17 Bartlett St

Cause of Death, { First (Primary,) Asphyxia Second (Immediate,) Lived 8 Wks.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Nov. 15th 1875

Undertaker, Adam Weidemeyer *Address* No. 157 N. Gilmor St.

Place of Business, 518½ W. Baltimore St.

Saml Waldeshaj M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

KODAK S·A

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1493

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 11th 75

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Margaret B Nelson

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 36 *Years,* 4 *Months,* ——— *Days.*

Color, White *Sex,* Female

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.} Married

Occupation, wife

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Harford Co. Md.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 397 N. Lombard St

Cause of Death, {First (Primary,) Child birth
Second (Immediate,) Double Pneumonia

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, ~~Mount Calvert Cemetery~~ Harford Co Md

Date of Burial, Nov 15th 1875

Undertaker, Hughes & Co

Place of Business, 65 S. Broadway

Thomas J pie M. D.
Medical Attendant.

Address 396 W. Fayette St
Baltimore Md.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

(Transit 260)

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6491

The Physician who attended any person in a last Illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 15 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, November 14th 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Fanny Hackett

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, Seventy *Years,* ——— *Months,* ——— *Days.*

Color, Black *Sex,* Female

~~Married~~, ~~Single~~, Widow ~~or Widower~~, {Cross out the words not required in this line.}

Occupation, Servant

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Queen Anne Co Maryland

Duration of Residence in the City of Baltimore, Thirteen years.

Place of Death, {Give street and number.} 384, Myrtle Ave.

Cause of Death, {First (Primary,) Old age; Second (Immediate,) Dropsy of chest

Duration of Last Sickness, Six weeks.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, [redacted]

Morris Weiner M. D.
Medical Attendant.

Undertaker, J Hobbs

Place of Business, 262 Penn Ave

Address 249, W. Fayette Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6495

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. NOV 15 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov. 14th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Carl Catharine Schlandraff —

Sex, Male or Female, {Cross out the word not required in this line.} Female —

Age, 30. *Years,* *Months,* *Days.*

Color, White —

Sex, Single

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Domestic.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany 3 10 Years.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 163 N Lombard st —

Cause of Death, First (Primary,) Bright's Disease of Kidney

Second (Immediate,) Convulsions —

Duration of Last Sickness, 3 hours

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Nov 15th 1875

C. F. Bevan — M. D.
Medical Attendant.

Undertaker, John S Mackie

Place of Business, No 451 Canton ave Address 241 Linden Av.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6496

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 15 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Nov 14th 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Wm J and Mary Naylor's Infant

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, —— *Years,* 2 *Months,* 10 *Days.*

Color, White *Sex,* Male

~~*Married, Single, Widow or Widower,*~~ { Cross out the words not required in this line. } Infant

Occupation, ——

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore Md.

Duration of Residence in the City of Baltimore, Whole life time

Place of Death, { Give street and number. } 80 S High St

Cause of Death, { First (Primary,) Marasmus / Second (Immediate,)

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery D. Webster Cattell M. D.

Date of Burial, Nov 15th 1875 Medical Attendant.

Undertaker, G. Y Hughes

Place of Business, Cor Exter & Balto St *Address* 1½ D Exeter St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 4497

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. NOV 15 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 14th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Oscar William Sahlin

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ——— *Years,* Two *Months,* Twenty one *Days.*

Color, White *Sex,* Male

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, none

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, See above

Place of Death, {Give street and number.} 203 N. Caroline

Cause of Death, First (Primary,) Hydrocephalus acute

Second (Immediate,) I did not see it for two weeks before death

Duration of Last Sickness, Since birth

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery A Hartman M. D.

Date of Burial, Nov. 14th 1875 Medical Attendant.

Undertaker, Wm. H. Eichman *Address* 306 N Caroline St

Place of Business, 234 S. Gay St,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6498

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 15 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 14th November 1875. 9 o'clock A.M. morning

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Joseph Balzer

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 10 *Months,* *Days.*

Color, white *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, During lifetime

Place of Death, {Give street and number.} Lancaster Street No. 144.

Cause of Death, First (Primary,) Tabes mesenterica

Second (immediate,)

Duration of Last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, St. Michals Cemetery

Date of Burial, 15th day of November 1875

Undertaker, Francis Cranmer

Place of Business, 119 Canton Avenue

William Howard, M. D.
Medical Attendant.

Address S. Wolfe St. 117.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6,499

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 15 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Saturday — Nov 13. 75

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mrs Julia A. Le Compte

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.} Female

Age, 60 *Years,* — *Months,* — *Days.*

Color, White *Sex,* Female

~~Married~~, ~~Single~~, Widow or ~~Widower~~, {Cross out the words not required in this line.} Widow

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Md Baltimore

Duration of Residence in the City of Baltimore, about 10 yrs

Place of Death, {Give street and number.} Church Home & Infirmary N. Broadway

Cause of Death, First (Primary,) Cancer (of Stomach)

Second (Immediate,) —

Duration of Last Sickness, about 3 mo

All the above information should be furnished by the Physician.

Place of Burial, Balt County

Date of Burial, Nov 15 75

Undertaker, Wm Fry

Place of Business, 54 N Broadway

H. Grant M. D.
Medical Attendant.

Address Church Home Inf N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...ntion of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6500

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 15 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov. 14th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sarah Ann Johnson

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 23 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Liverpool, England.

Duration of Residence in the City of Baltimore, 6 years

Place of Death, {Give street and number.} 133 S. Washington St.

Cause of Death, First (Primary,) Tuberculosis

Second (Immediate,) Anemia Paralysis

Duration of Last Sickness, 10 months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Nov 16 1875

Undertaker, Crumpley

Place of Business, 542 Broadway *Address*

James T. [illegible] M. D.
Medical Attendant.

[illegible] Eastern Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6501

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 14th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Lyon

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 37 *Years,* — *Months,* — *Days.*

Color, White *Sex,* female

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 13 years

Place of Death, {Give street and number.} 87 South Eutaw St

Cause of Death, First (Primary,) Valvular disease of heart

Second (Immediate,) Acute Bronchitis

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, H. River Cemetery H.E. Lonman M. D.

Medical Attendant.

Date of Burial, Nov 16th

Undertaker, W. J. Jackson

Place of Business, 25 S. Eutaw St *Address* 23 S. Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4502

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 15 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Alberta A Keck

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.} Female

Age, Twenty-one *Years,* Three *Months,* *Days.*

Color, White *Sex,* Female

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.} single

Occupation, Hair-binding

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, during life

Place of Death, {Give street and number.} No 465 N Lombard St

Cause of Death, {First (Primary,) Consumption

{Second (Immediate,)

Duration of Last Sickness, About a year

All the above information should be furnished by the Physician.

Place of Burial, Green Mount D. L. Rider — *M. D.*

Date of Burial, Nov 16 1875 *Medical Attendant.*

{*Undertaker,* L. B. Cook *Address* 87 Mulberry St

{*Place of Business,* 707 W Balto St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...respectfully invited to the remarks below, and to List of Diseases on ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6503

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 19 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Nov 18 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Jamond M Conrad

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 10 *Months,* 9 - *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt. city md

Duration of Residence in the City of Baltimore, 10 months

Place of Death, {Give street and number.} 324 Strikes ct Balto

Cause of Death, { First (Primary,) Marasmus
Second (Immediate,)

Duration of Last Sickness, abt 4 mth

All the above information should be furnished by the Physician.

Place of Burial, Green Mt C

Date of Burial, 16th nov 1875

J Pattan M. D.
Medical Attendant.

{ *Undertaker,* Hy M. Deutsch & Son
{ *Place of Business,* 16 Light St *Address* 25 Franklin " Balto

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6304

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

ALTH. DEPARTMENT 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Novem ber 14th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Hannah Hannegan

Sex, ~~Male~~ or ~~Female~~, {Cross out the word not required in this line.}

Age, 45 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Kept House

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 22 Years

Place of Death, {Give street and number.} East Madison St.

Cause of Death, First (Primary.) Chronic Hepatitis

Second (Immediate,) Dropsy Jaundice &c

Duration of Last Sickness, Some Months

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, Nov 15 1875

Chas A Donovan M. D.
Medical Attendant.

{*Undertaker,* Lamer & Byrne
Place of Business, No 63 N Front St *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 6305

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 15 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Sunday Nov. 14. 1875.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Rosana King

Sex, ~~Male or~~ Female, { Cross out the word not required in this line. } Female

Age, 90 *Years,* ——— *Months,* ——— *Days.*

Color, White *Sex,* Female

~~Married, Single,~~ Widow ~~or Widower~~, { Cross out the words not required in this line. }

Occupation, none

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Ireland

Duration of Residence in the City of Baltimore, 62 years

Place of Death, { Give street and number. } 189 Saratoga St

Cause of Death, { First (Primary,) Old age

Second (Immediate,)

Duration of Last Sickness, Sanitoy, General Pains Down hill

All the above information should be furnished by the Physician.

Place of Burial, St Vincents Cemetery

Date of Burial, Nov 16th 1875

Louis McEastman M. D.
Medical Attendant.

{ *Undertaker,* James D. Byrne
{ *Place of Business,* No 63 N Front St *Address* 849 Lexington St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6506

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 15 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 14th 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parants. } Agatha Streeter

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 68 *Years,* 6 *Months,* *Days.*

Color, White *Sex,*

Married, ~~Single, Widow or Widower~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Balt

Duration of Residence in the City of Baltimore, 68 years

Place of Death, { Give street and number. } No 112 N Eutaw

Cause of Death, { First (Primary,) Dropsy

Second (Immediate,) 2 years

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Vincent Cemetery

Date of Burial, Nov 16th 1875

{ *Undertaker,* Henry F. McEars

{ *Place of Business,* 450 N Gay St

O'Sullivan M. D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 4507

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 15 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 14th November 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Thomas Jefferson Boyce Infant Son of Boyce

Sex, ~~*Male or*~~ *Female,* { Cross out the word not required in this line. }

Age, ____ *Years,* ____ *Months,* ____ *Days.*

Color, ____ *Sex,* ____

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ { Cross out the words not required in this line. }

Occupation, ____

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, 2 days

Place of Death, { Give street and number. } 259 E Madison St

Cause of Death, { First (Primary,) Umbilical Hemorrhage
Second (Immediate,) ____

Duration of Last Sickness, One day

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery Wm. L. Reese M. D.

Date of Burial, Nov. 15th 1875. Medical Attendant.

Undertaker, Wm. H. Ecksman Address Broadway and

Place of Business, 234 E. Gay St Madison St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to [illegible]

Board of Health, City of Baltimore, 6508

Permit No. 6508

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 15 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Nov 13th 75

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Agusta Kohl

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 5 *Years,* 1 *Months,* 1 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} No 553 N Paca St

Cause of Death, First (Primary,) Diphtheria

Second (Immediate,)

Duration of Last Sickness, 6 Days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery John Gilmore M. D.

Date of Burial, Nov 15th Medical Attendant.

Undertaker, H Meyer

Place of Business, 106 North Howard *Address* 203 N Howard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1509

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTRAR'S OFFICE NOV 15 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Novbr 13th 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } John W Mortimer

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age,)) *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Married

Occupation, Gent

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Balto Md

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 185 Carrollton Av

Cause of Death, { First (Primary,) Previous impaired health (all other sick) / Second (Immediate,) Paralysis

Duration of Last Sickness, Never left sick for 5 years Sudden death

All the above information should be furnished by the Physician.

Place of Burial, Greenmount cem E Govr Co M. D.

Date of Burial, Nov 16 1875

Medical Attendant.

Undertaker, C H Blizzard

Place of Business, cor of Linvale and Ethridge Sts *Address* 512 Balto

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1570

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 15 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 11th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Maria Slee

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 2 7 *Years,* — *Months,* — *Days.*

Color, White *Sex,* Female

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore, From Infancy

Place of Death, {Give street and number.} 172 N. Dallas Street

Cause of Death, First (Primary,) Phthisis

Second (Immediate,) Asthenia

Duration of Last Sickness, 8 months

All the above information should be furnished by the Physician.

Place of Burial, City Cem. C. L

Date of Burial, Nov. 16th 1875

Undertaker, Henry Hook

Place of Business, 307 Central Ave.

E. Warfield Hubbard M. D.
Medical Attendant.

Address 89 Saratoga Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4511

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 15 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, November 15th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Alphonse O'Farrell

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Years, 22 Months, Days.

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 177 Madison Av.

Cause of Death, { First (Primary,) Chronic Atrophy
Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Nov 16th 1875

Undertaker, J. F. Byrne

Place of Business, 8 Liberty St *Address*

W. Atkinson M. D.
Medical Attendant.
209 W. Biddle St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

The child was known to be living at 10 o'clock last night, and upon Rendering this morning his mother discovered that he was dead

OVER

No.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of t

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4572

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 1ST 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 14th November 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Charles Kirby Wright

Sex, Male or Female, { Cross out the word not required in this line. } .....

Age, 21 *Years,* ..... *Months,* ..... *Days.*

Color, White *Sex,* .....

Married, ~~Single, Widow or Widower~~, { Cross out the words not required in this line. }

Occupation, Gas Fitter

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, 21

Place of Death, { Give street and number. } 151 Lee st.

Cause of Death, { First (Primary,) Typhoid Fever
Second (Immediate.) .....

Duration of Last Sickness, 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery, Balto Co.

Date of Burial, Nov 16th 1875

M. D.
Medical Attendant.

Undertaker, W. H. Lange *Address* Broadway near Fayette

Place of Business, 110 East St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. [illegible]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6573

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 15 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov. 15th 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Widow Smith

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 37 *Years,* *Months,* *Days.*

Color, Colored *Sex,* Female

Married, ~~Single~~, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Housewife

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Dorchester Co. Md.

Duration of Residence in the City of Baltimore, Ten years.

Place of Death, {Give street and number.} 80 St. Peter St.

Cause of Death, First (Primary,) Phthisis Pneumonalis.

Second (Immediate,) Exhaustion.

Duration of Last Sickness, Four months.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Nov 17th 1875

Undertaker, William H Lunga

Place of Business, 110 104 East St.

Address Back of Wash. Ob.

C. Manville, Jr. M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of

Board of Health, City of Baltimore,

Permit No. 6574

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 15 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 14th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Jane Hall

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 22 *Years,* 8 *Months,* 2 *Days.*

Color, Colored *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Housekeeper

Birthplace, {State or country (and how long in the United States, if of foreign birth.} New York

Duration of Residence in the City of Baltimore, 16 yrs

Place of Death, {Give street and number.} 23 S. Bethel st

Cause of Death, First (Primary,) Consumption

Second (Immediate,) Phthisis

Duration of Last Sickness, 4 Months

All the above Information should be furnished by the Physician.

Place of Burial, Zoar M. E. Church

Date of Burial, Nov 14th 1875

Undertaker, John M. Lark

Place of Business, 57 South Regent *Address*

M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish in forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate ng forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person sed, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1575

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 15 1915 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov. 14 1915

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Sarah A Sweeny

Sex, Male or Female, { Cross out the word not required in this line. } Female.

Age, 56 *Years,* 1 *Months,* — *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Married

Occupation, Housewife

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Dorchester County. Md

Duration of Residence in the City of Baltimore, Forty Years

Place of Death, { Give street and number. } 525 N. Howard St

Cause of Death, First (Primary,) Paralysis. 2d Attack.

Second (Immediate,) following, Convulsion (Coma ten min.)

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, St Peters cemetery

Date of Burial, Nov 16

A H Taylor M. D.
Medical Attendant.

Undertaker, S B Cook

Place of Business, 707 W Pratt Baltimore *Address* 243 Aisquith St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of ...

Board of Health, City of Baltimore,

Permit No. 1576

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 15 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Nov 14th, 75

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Ross.

Sex, Male or Female, {Cross out the word not required in this line.} Male.

Age, 30 *Years,* " *Months,* " *Days.*

Color, White, *Sex,* Male.

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single.

Occupation, Huck-driver

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore. Maryland.

Duration of Residence in the City of Baltimore, 30 years.

Place of Death, {Give street and number.} Washington University Hospital.

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate,) Tubercular Laryngitis.

Duration of Last Sickness, Six weeks,

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, Nov 16th 1875 — A. D. Wolfe M. D.
Medical Attendant.

Undertaker, Wm. Chambers

Place of Business, 18 of Linden Ave Address Washington University.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6577.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT NOV 16 1875 BALTIMORE.

Date of Death, November 15th 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Lizzie Shriver

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, ____ *Years,* ____ *Months,* 7 *Days.*

Color, white *Sex,* female

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, ____

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, ____

Place of Death, { Give street and number. } N. E. Cor. Pratt & Durham sts

Cause of Death, { First (Primary,) ____ Second (Immediate,) Tabes mesenterica

Duration of Last Sickness, since birth

All the above information should be furnished by the Physician.

Place of Burial, Loudon Cemetery D. G. Dasch M. D.

Date of Burial, November 16th Medical Attendant.

Undertaker, Hamilton Diffet

Place of Business, Bond st Address 97 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Keepers of Cemeteries in City of Baltim...

No.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of t...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. ~~A~~, 6518,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 16 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 15 Novemb. 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sophia Maria Schneider,

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 9 *Years,* ~~X~~ 4 *Months,* 21 *Days.*

Color, white *Sex,* female

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 246 N.r Pratt St.r.

Cause of Death, {First (Primary,) / Second (Immediate,) Scarlet feber.

Duration of Last Sickness, 10 days.

All the above information should be furnished by the Physician.

Place of Burial, Balto. Cemetery

Date of Burial, 17th

Robert Antlitzer M. D.
Medical Attendant.

Undertaker, M.r J. Tyler

Place of Business, 65. S. Eutaw

Address No. 42 N. Broadway.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Keepers of Cemeteries in City of Baltimore [illegible]

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1519

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 16 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Nov 15th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Kate Dorsey

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, — *Years,* 2 *Months,* 18 *Days.*

Color, Blk

~~*Married,*~~ *Single,* ~~*Widow or Widower.*~~ {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 8 Saulsbury Alley

Cause of Death, {First (Primary.) / Second (Immediate,)} Thrush.

Duration of Last Sickness, 2 months

All the above information should be furnished by the Physician

Place of Burial, New Sharp St Cemetery

Date of Burial, Nov 16th 1875

Undertaker, Wm N. Dungee

Place of Business, East Street

James A Steuart M. D.
Medical Attendant

Address Commiss of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Information by Martha Dorsey Sister of deceased

NO.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6520

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 16 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, ~~181 Wabash St~~ Nov 15th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ralph M Dunn

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 4 Days ~~Years~~, ——— *Months,* ——— ~~Days.~~

Color, White *Sex,* ~~Female~~ Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ———

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltmore Md.

Duration of Residence in the City of Baltimore, ———

Place of Death, {Give street and number.} 181 Walnut St.

Cause of Death, {First (Primary,) Inanition / Second (Immediate,)

Duration of Last Sickness, Three Days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, November 16th 75

{*Undertaker,* Jacob Weaver / *Place of Business,* Druid Hill Ave *Address* 131 N. Charles St

Wm Thos M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Cer...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1521

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 16 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 15th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} John Augustus Filler

~~*Sex, Male or Female,*~~ {Cross out the word not required in this line.}

Age, 5 *Years,* *Months,* 7 *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 117 Elliott St. Balto

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and number.} 117 Elliott St Balto

Cause of Death, {First (Primary,) Scarlet Fever

{Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St. Matthias

Date of Burial, Nov 16th

Undertaker, Wm. Strickland's

Place of Business, 258 Aliceanna St.

Address

Dr St Martin M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Keepers of Cemeteries in C[illegible]

No.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certi[illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1522

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 16 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 15th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Spencer M. Waring

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 67 *Years,* 10 *Months,* *Days.*

Color, White *Sex,*

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Retired Iron Founder

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Prince Georges Co Md

Duration of Residence in the City of Baltimore, 45 Years

Place of Death, {Give street and number.} 371 Park Ave

Cause of Death, {First (Primary,) Congestion of the Brain

Second (Immediate,)

Duration of Last Sickness, 9 days

All the above information should be furnished by the Physician.

Place of Burial, ~~Woodlawn~~ Green Mt Cem[illegible] D. L. Williams *M. D.*

Medical Attendant.

Date of Burial, Wednesday Nov 17th

Undertaker, H. H. Jenkins & Son *Address* 207 Madison Ave

Place of Business, 16 Light St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Cer

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1523.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 16 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Monday Nov. 15th 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Harriet Smith

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 40 *Years,* — *Months,* — *Days.*

Color, Colored *Sex,* Female

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, Laundress

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Anne Arundel County

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 81 Hargrove Alley

Cause of Death, { First (Primary,) Cancer Stomach / Second (Immediate,) Pyemia

Duration of Last Sickness, Six Months

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, Wednesday Nov. 17th

{ *Undertaker,* Mr Davis. / *Place of Business,* Saratoga St

E. Gradding Bolen M. D.
Medical Attendant.

Address 57 N. Calvert St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Cer...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6524

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 16 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 15th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Magdalena Koch

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 54 *Years,* 7 *Months,* 5 *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreig. birth.} Hanover (Prophet)

Duration of Residence in the City of Baltimore, about 30 years

Place of Death, {Give street and number.} 460 Light St

Cause of Death, First (Primary,) Apoplexis Inflammation Hip Joint

Second (Immediate,)

Duration of Last Sickness, about 6 mths confined to bed.

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, November 16 1875

H. Adler M. D.
Medical Attendant.

Undertaker, Chas. F. Kerth

Place of Business, 161 Hanover St. *Address* 95 S. Hanover St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1625.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 16 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, November 15th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Anna. Margaretha. Leitsch

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, — *Years,* 8 *Months,* 8 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto city

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 28. Bank St

Cause of Death, First (Primary,) Teething & Catarrh

Second (Immediate,) do —

Duration of Last Sickness, about 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, Nov 16 th

Undertaker, Michael Funk

Place of Business, No 35 Bank. *Address* No 27 [illegible]

H A Dohme *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Cer

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6626

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 16 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 15th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John E. Kelly

Sex, Male ~~*or Female,*~~ {Cross out the word not required in this line.}

Age, — *Years,* — *Months,* 12 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} No. 6 Franklin St

Cause of Death, {First (Primary,) Convulsions

{Second (Immediate,) about 5 or 6 days,

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Townsbown Cemetery

Date of Burial, Nov 16th 1875

{*Undertaker,* Henry W. Mears

{*Place of Business,* 45 N Gay St

Felix Jenkins, M. D.
Medical Attendant.

Address 148 Mulberry St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

T Y ▲ F I L M

No.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Cer

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1527.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 16 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, November 12d, — 4 O, clock P.M.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Mary Strumbling

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ——— *Years,* Nine (9) *Months,* Eight (8) *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ———

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} York Co, Pennsylvania

Duration of Residence in the City of Baltimore, Three Months

Place of Death, {Give street and number.} No. 111 Parkins Street.

Cause of Death, First (Primary,) Syphilitic taint.

Second (Immediate,) Abcess of Throat.

Duration of Last Sickness, Since birth

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery Josiah H. Elderdice, M. D.

Medical Attendant.

Date of Burial, Nov 17th 1875

Undertaker, Philip J. Dill

Place of Business, No 183 Columbia St *Address* 15 N. Howard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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D A K S A F E

No.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Cer

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1628

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 16 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 15th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Aaron Scott

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, Years, 7 Months, Days.

Color, Mulatto *Sex,*

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number.} 15 Wayne St.

Cause of Death, {First (Primary,) / Second (Immediate,)} Inflammation of Intestines

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery R. M. Hall M. D.

Date of Burial, Nov 16 75 Medical Attendant.

Undertaker, S. W. Chase

Place of Business, 194 Howard St *Address* 266 S. Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this C

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6529

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 16 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Nov 16 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John McGarry

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 29 *Years,* *Months,* *Days.*

Color, White ~~Sex,~~

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Private watchman Farmers Merchants Bank

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 5 years ~~146 S. Green St~~

Place of Death, {Give street and number.} 146 S. Green St

Cause of Death, First (Primary,) Typhoid fever

Second (Immediate,)

Duration of Last Sickness, Three weeks

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cem

Date of Burial, Nov. 17th 1875

Undertaker, James Byrnes

Place of Business, Front & H

D. R. Dulaney M. D.
Medical Attendant.

Address 154 Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. .

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Ce

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No 6530

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 17 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 16. November 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} M. Elisabeth Willgrese

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 57 ~~Years and~~ ~~Months,~~ ~~Days.~~

Color, white. *Sex,*

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} born in Hanover, Germany, in Baltimore since 30 years.

Duration of Residence in the City of Baltimore, 30 years.

Place of Death, {Give street and number.} 227 S. Broadway.

Cause of Death, {First (Primary,) Phthisis pulmon. Second (Immediate,)

Duration of Last Sickness, 4 years.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, 19 November

{*Undertaker,* John L. Starke
Place of Business, 265 Aliceanna St.

Robert Author M. D.
Medical Attendant.

Address No 442 N. Broadway.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

No. 63

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6531

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 1 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 16th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Hopkins

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 13 Years, Months, Days.

Color, White

~~Married,~~ Single, ~~Widow or Widower~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} St. Mary's Co. Md.

Duration of Residence in the City of Baltimore. one month.

Place of Death, {Give street and number.} 23 Laylope St.

Cause of Death, {First (Primary.) Scarlet Fever

{Second (Immediate,) Pulmonary Oedema

Duration of Last Sickness, one month.

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, Nov 18th 1875

Undertaker, Jos F. Byrne

Place of Business, N. Liberty St. *Address* 439 Light South.

C. S. Webb M. D.
Medical Attendant

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No.

The Special Attention of Physicians is respectfully invited to the remarks below, and to list of Diseases on back of this C...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1532

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 19 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 18th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles Truman Neal

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, about Sixty *Years,* *Months,* *Days.*

Color, Colored *Sex,* Male

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore County

Duration of Residence in the City of Baltimore, Thirty five years

Place of Death, {Give street and number.} 15 Lyon Alley.

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate,) Exhaustion

Duration of Last Sickness, about Three Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery Lindley Ellicott M. D.
Medical Attendant.

Date of Burial, Nov 18th 1875

Undertaker, John C Gordon
Place of Business, 63 Park Ave — Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Ce...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6533

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
875
BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Nov 16th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mrs Mary Dinson

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 80 *Years,* *Months,* *Days.*

Color, White *Sex,*

~~*Married,*~~ ~~*Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Washington D C

Duration of Residence in the City of Baltimore, Two weeks

Place of Death, {Give street and number.} 133 N. Charles St

Cause of Death, First (Primary,) Paralysis of the Bowels

Second (Immediate,)

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Washington D.C

Date of Burial, 18th Nov 1875

Undertaker, A. J. H. Jenkins & Son

Place of Business, 16 Light St *Address*

Thomas Sheaver *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

(Transit 261)

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6534

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 17 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 15th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Michael Welsh

Sex, Male or Female, {Cross out the word not required in this line.} ~~Male~~ / Female

Age, 50 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ~~Married~~ / ~~Single~~ / Widow / ~~Widower~~

Occupation, Shoemaker

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Co Galway Ireland

Duration of Residence in the City of Baltimore, 20 years

Place of Death, {Give street and number.} No 27 Hillen St

Cause of Death, First (Primary,) Cirrhosis of Liver

Second (Immediate,) Asthenia

Duration of Last Sickness, Three (3) Months

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, Nov 17 / 1875

Undertaker, James P Byrne.

Place of Business, No 63 N Front St

N. G. Keerle M. D.

Medical Attendant.

Address 74 N. Paca St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Cer...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6536

The Physician who attended any person in a last Illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 12 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 16th day of Nov...

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } J. Clarence McCormick

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 3 *Years,* 5 *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Balto City

Duration of Residence in the City of Baltimore, During Life

Place of Death, { Give street and number. } 630 Balto. west of Eutaw

Cause of Death, { First (Primary,) Scarlet-Fever. / Second (Immediate,)

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Co.

Date of Burial, Nov 17 — 1875

D. P. Holman M. D.
Medical Attendant.

{ *Undertaker,* J. B. Blackistone & Son
{ *Place of Business,* 606 Balto st *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on ba

Board of Health, City of Baltimore,

Permit No. 6536

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 17th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Robert Handloser

Sex, Male or Female, {Cross out the word not required in this line.} M

Age, ____ *Years,* ____ *Months,* 3 weeks *Days.*

Color, White *Sex,* ____

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ____

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 394 Penn Avenue

Duration of Residence in the City of Baltimore, ____

Place of Death, {Give street and number.} 394 Pennsylvania Ave

Cause of Death, First (Primary,) Convuls. on

Second (Immediate,) ____

Duration of Last Sickness, one hour (no physician saw it)

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Nov 18th

J. T. Knight M. D.
Medical Attendant.

Undertaker, Wm. Fielding

Place of Business, 72 Penn Ave Address J. T. Knight 112 Penn

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. #6537

The Physician who attended any person in a last Illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 17 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov. 17th 75

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Matthew Adams

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 14 *Years,* 6 *Months,* 29. *Days.*

Color, Black *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} No. 110 N High

Cause of Death, {First (Primary,) Heart Disease. Rheumatism with Dropsy
Second (Immediate,)

Duration of Last Sickness, 1 Month

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Nov 18/75 2 Oclock P.M.

Undertaker, Geo. C. Roderman

Place of Business, 138 Eden St

Address, 18 Aisquith St

Dr. Geo. H. Grayson M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1538,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 16 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov. 16th, 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Peter Glaeser

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 41 *Years,* 8 *Months,* 8 *Days.*

Color, white *Sex,*

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Schoemaker

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Bettingen, Germany

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give street and number.} 146 S. Wolfe St.

Cause of Death, First (Primary,) Fracture of the base of Skull

Second (Immediate,) caused by a fall — died comatose

Duration of Last Sickness, 18 hours.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetary

Date of Burial, November 18th 1875

Undertaker, Henry Froehlich

Place of Business, 246 Eastern Av

J. H. Rehberger M. D.

Medical Attendant.

Address 243 Alice-Anna St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6539

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 17 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov. 16th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Providence A. Thompson

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.} Female

Age, 45. *Years,* *Months.* *Days.*

Color, White *Sex,* Female

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 202. E. Fayette St.

Cause of Death, First (Primary,) Scirrhus Abdominal Tumor

Second (Immediate,)

Duration of Last Sickness, 2 mo. 20 days.

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, Nov 19 1875 P. Hammond *M. D.*

Medical Attendant.

Undertaker, Murray

Place of Business, 54 N Broadway *Address* 73 E Pratt St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on ba...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 15740

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 8 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 16

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Ann Conley

~~*Sex, Male or Female,*~~ {Cross out the word not required in this line.}

Age, 21 *Years,* 3 *Months,* *Days.*

Color, White *Sex,*

Married, Single, ~~Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore,

Duration of Residence in the City of Baltimore, Left Home

Place of Death, {Give street and number.} Fulton St

Cause of Death, First (Primary,) Pulmonary Consumption

Second (Immediate,)

Duration of Last Sickness, Eighteen Months

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, Nov 18th 1875

Undertaker, H B Cook

Place of Business, No 707 W. Bal St *Address*

Chas O'Donnell M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on ba

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6541.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 9 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 16 the 6 p. m.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} August ~~Harnitij~~ Hanecke.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 39 *Years,* One *Months,* 0 *Days.*

Color, White *Sex,*

Married, ~~Single~~, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Cigar. maeker.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, Twenty One Years.

Place of Death, {Give street and number.} No 14. Park Av.

Cause of Death, First (Primary,) Cancer. Abdominal

Second (Immediate,)

Duration of Last Sickness, Six Months.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem.

Date of Burial, Nov 19th 1875

Undertaker, Conrad & Kunkel

Place of Business, 60 Park St

John. F. Fiker, M. D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6574

The Physician who attended any person in n last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 17 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John & Johanna Burden — Parents

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 4 hours ~~Days.~~

Color, white

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balty City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 83 S. Spring St

Cause of Death, {First (Primary.) ——— Second (Immediate,)} Asthenia

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemty

Date of Burial, Nov 18 1875

Undertaker, Francis Cramer

Place of Business, 219 Canton ave

James A Steuart M. D.
~~Health Officer~~

Address Commiss of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Information by Mrs Sarah Casper Widow

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on ba[illegible]

Board of Health, City of Baltimore,

Permit No. 6543. OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 8 1895 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov. 17th 1895

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Brown

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ~~~~ *Years,* ~~~~ *Months,* 12 hours ~~*Days.*~~

Color, White *Sex,* Female

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 118 N. Schroeder St.

Cause of Death, { First (Primary,) / Second (Immediate,) } Premature birth - (Labor at Seventh month)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery Louis F. Knight M. D.

Date of Burial, Nov. 18 1895 Medical Attendant.

Undertaker, J. Brown

Place of Business, 118 N. Schroeder St. Address 112 N. Green St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4574,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 18 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 18th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Magdalena Fragman

Sex, ~~Male or~~ *Female,* {Cross out the word not requred in this line.}

Age, ——— *Years,* 1 *Months,* 12 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 69 Somerset St

Cause of Death, {First (Primary.) / Second (Immediate,)} Convulsions

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cem'y *Date of Burial,* Nov 19th 1875 *Undertaker,* Henry Hoeck *Place of Business* 309 Central Ave

James A Steuart M. D.

Address Commissioners of Health

H Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Information by Mrs Ulbrich Midwife

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on b...

Board of Health, City of Baltimore,

Permit No. 13745

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 18 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Nov 17th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Mrs Josephine E. Renshaw

Sex, ~~Male~~ *Female,* {Cross out the word not required in this line.}

Age, 41 *Years.* *Months,* *Days.*

Color, *Sex,*

Married, ~~Single, Widow or Widower.~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Manchester Carroll Co Md

Duration of Residence in the City of Baltimore, 19 Years

Place of Death, {Give street and number.} 137 N. Calvert

Cause of Death, {First (Primary,) Heart Disease

{Second (Immediate,) Sudden death

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, November 19th 1875

Geo. B. Reynolds M. D.
Medical Attendant.

Undertaker, James P Byrne.

Place of Business, 63 N Front St *Address* 34 N. Calvert St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6576,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 18 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 17th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Benedict Renner

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 27 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} ~~Germany~~ Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Lemmon st

Cause of Death, {First (Primary,) / Second (Immediate,)} Suicide

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, W. P. Field

Date of Burial, Nov 17

Undertaker, [illegible]

Place of Business, 1148 W Balto

Geo C Ogle *M. D.*
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on

Board of Health, City of Baltimore,

Permit No. 6574

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 18 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 17 November 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie Elizabeth Gordon,

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 38 *Years,* *Months,* *Days.*

Color, White *Sex,* —

Married, ~~Single~~, *Widow or* ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Dress Maker

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 201 ~~William st~~ Johns or Ln

Cause of Death, {First (Primary,) Phtisis Pulmonalis

{Second (Immediate,) " "

Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, Nov 19th 1875

{Undertaker, Armstrong & Sons

{Place of Business, 269 Light St *Address* 64 William st

T. Daughaday M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on b...

Board of Health, City of Baltimore,

Permit No. 15718

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 18 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov. 17th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Mary Ann Floyd

~~*Sex, Male or Female,*~~ {Cross out the word not required in this line.}

Age, 76 *Years,* *Months,* *Days.*

Color, white *Sex,*

~~*Married, Single,*~~ *Widow or* ~~*Widower,*~~ {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Hartford Co. Md.

Duration of Residence in the City of Baltimore, 45 yrs.

Place of Death, {Give street and number.} 157 Lexington St.

Cause of Death, First (Primary,) Consumption

Second (Immediate,)

Duration of Last Sickness, one year

All the above information should be furnished by the Physician.

Place of Burial, Bethel, Cemetery

Date of Burial, Nov. 19 at 2 oclk

Rob. Mansfield *M. D.*
Medical Attendant.

Undertaker, Geo. Frechtich

Place of Business, Center Market *Address* 117 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on

Board of Health, City of Baltimore,

Permit No. 15749

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 17th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Franklin

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, One *Years,* Nine *Months,* Seventeen *Days.*

Color, Colored *Sex,* Female

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 54 Canal Alley

Cause of Death, First (Primary,) Scarlatina

Second (Immediate,) Convulsions

Duration of Last Sickness, Five days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Nov 19th 1875

{*Undertaker,* Wm James Gun

{*Place of Business,* 65 Marley St

E. E. Price & Son M. D.
Medical Attendant.

Address 262 Madison St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on r

Board of Health, City of Baltimore,

Permit No. 6550

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 13 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Nov 12th 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } James Howard Quay

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 1 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, Infant

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Born Baltimore Md

Duration of Residence in the City of Baltimore, One year

Place of Death, { Give street and number. } 342 Cumberland Street

Cause of Death, { First (Primary,) Croup / Second (Immediate,) Bronchitis Edema Lungs Croup

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemt

Date of Burial, Nov 13 — 1875

Undertaker, John S. Rodmaycr

Place of Business, N E Cor Fremont ave & Monument St

A Gallatin M. D.
Medical Attendant.

Address [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on ba...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6551

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 18 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 17th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Leo. Wagner Lonbacher

~~*Sex*~~, *Male or* ~~*Female*~~, {Cross out the word not required in this line.}

Age, *Years,* *Months,* 7 *Days.*

Color, white *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 265 Alice Anna

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 265 Alice Anne

Cause of Death, First (Primary,) Convulsions

Second (Immediate,)

Duration of Last Sickness, One day

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cemetery R. W. Manfield *M. D.*

Date of Burial, Nov. 19th. Medical Attendant.

Undertaker, W. Diffet

Place of Business, S. Ford st. 151 *Address* 114 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

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The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6532

The Physician who attended any person in a last Illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 19 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov. 17th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Josephine Purnell

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 2 *Years,* 2 *Months,* 14 *Days.*

Color, ~~Sex,~~ White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No. 375 E Fayette St.

Cause of Death, {First (Primary,) ? Pneumonia

{Second (Immediate,) 7 Days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, November 19th 1875

{*Undertaker,* John D. Weaver

{*Place of Business,* # 22 W. Fayette St

R. E. Lee M. D.
Medical Attendant.

N.W. cor

Address Hanover & Barre Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on ba...

Board of Health, City of Baltimore,

Permit No. 1533.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 19 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Nov 18th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Harriet Sheridan

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 45 *Years,* 3 *Months,* 21 *Days.*

Color, Black *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Housewife

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Howard Co Md

Duration of Residence in the City of Baltimore, From 1854

Place of Death, {Give street and number.} 7 Richard St

Cause of Death, First (Primary,) Phthisis

Second (Immediate,) Phthisis

Duration of Last Sickness, Two Years

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, Nov 19th 1875

W. C. Monmonier M. D.
Medical Attendant.

Undertaker, John A Price

Place of Business, 68 Park Ave Address 167 St Paul St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BA

Board of Health, City of Baltimore,

Permit No. 1537

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 19 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Baltimore November 18. 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lucinda Rolfs

Sex, Male or Female, {Cross out the word not required in this line,} Female

Age, Forty three *Years,* *Months,* *Days.*

Color, Colored

Married, Single, Widow or ~~Widower~~, {Cross out the words not required in this line.} Widow

Occupation, Waitress

Birthplace, {State or country (and how long in the United States, if of foreign birth} Sussex Co. Delaware

Duration of Residence in the City of Baltimore, Eighteen months

Place of Death, {Give street and number.} No. 68 Pelevue alley

Cause of Death, First (Primary,) Exposure

Second (Immediate,) Phthisis

Duration of Last Sickness, Five Weeks

All the above information should be furnished by the Physician

Place of Burial, Sussex Co. Delaware

Date of Burial, Nov 20 1875

Undertaker, J S McChase

Place of Business, No. 198 Howard

F. J. Dyer *M. D.*
Medical Attendant.

Address No. 146 Hill St
Baltimore
Md

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children

(Transit 263)

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on ba

Board of Health, City of Baltimore,

Permit No. 6555

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 15 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 15th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mrs Augusta R. Howard

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 39 *Years,* 7 *Months,* *Days.*

Color, White *Sex,*

Married, ~~Single,~~ ~~Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Engaged in farming

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City.

Duration of Residence in the City of Baltimore, Resided in Harford County

Place of Death, {Give street and number.} 247 Saratoga St.

Cause of Death, First (Primary,) Brain Disease

Second (Immediate,) Local & Fatal Apoplexy

Duration of Last Sickness, Under my Care at the termination of her illness about 3 months.

All the above information should be furnished by the Physician.

Place of Burial, St James Burying Ground, Balt Co

Date of Burial, Nov. 20th 75

Undertaker, Jno H. Weaver

Place of Business, Fayette 81

J. H. McHenry, M. D.
Medical Attendant.

Address 71 Franklin St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

(Transit 265)

B

Board of Health, City of Baltimore,

Permit No. 1536

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 19 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 18th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles Laurence Bobb

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, 1 *Years,* 6 *Months,* 7 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and number.} 223 William St.

Cause of Death, First (Primary,) Inflammation of Bowels

Second (Immediate,)

Duration of Last Sickness, 2 Days

All the above Information should be furnished by the Physician.

Place of Burial, Greenmount J. H. Smith M. D.

Date of Burial, Nov 19th 1875 Medical Attendant.

Undertaker, C. F. Krause

Place of Business, 209 Hanover Address 118 S. Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1337

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 19 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Nov 19th 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Emma K. Chilcote

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 15 *Years,* 2 *Months,* 3 *Days.*

Color, White *Sex,* Female

~~Married~~, *Single,* ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Child

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Jefferson Frederick Co Maryland

Duration of Residence in the City of Baltimore, 19 months

Place of Death, {Give street and number.} 92 S Exeter St

Cause of Death, {First (Primary,) Scarlet Fever
Second (Immediate,) Scrofula.

Duration of Last Sickness, 4 years

All the above information should be furnished by the Physician.

Place of Burial, Jefferson Presb. Co

Date of Burial, Nov 20th 1875

Undertaker, P B Blackistone & Son

Place of Business, No 684 Baltimore St *Address* 19 South Broadway

W R Way M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

(Transit 264)

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on [illegible]

Board of Health, City of Baltimore,

Permit No. 6538.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 19 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 14th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Lena Ann Hudson

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 2 *Months,* *Days.*

Color, Bright *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 907 St Mary's

Cause of Death, {First (Primary,) Croup

Second (Immediate,) Two Days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Nov. 16th 1878

{*Undertaker,* John B Williams

{*Place of Business,* 107 Lee st *Address* 266 S. Eutaw st

J Shultz *M. D.*

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on b[illegible]

Board of Health, City of Baltimore,

Permit No. 1559

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 19 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, November 19th 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mary Margaret Hartlove

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 36 *Years,* 4 *Months,* 5 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Balto City

Duration of Residence in the City of Baltimore, During her whole life

Place of Death, { Give street and number. } 231 West Fayette

Cause of Death, First (Primary,) Paralysis

Second (Immediate,) Inflamation of Brain

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Md Cathedral Country

Date of Burial, 22d Nov 1875

Undertaker, Henry M. Jenkins Son

Place of Business, 16 Light St *Address*

[illegible] M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases o...

Board of Health, City of Baltimore,

Permit No. 1560

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 19 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 18 November 75.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Charles William Fabricius

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 5 *Years,* 1 *Months,* 18 *Days.*

Color, W *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 396 E Fayette Balto Md

Duration of Residence in the City of Baltimore, 5 y 5 m

Place of Death, {Give street and number.} 308 E Monument Balto

Cause of Death, First (Primary,) Scarlatina

Second (Immediate.)

Duration of Last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, Ball Cemetery

Date of Burial, Nov 20 1875

C H Buttner *M. D.*
Medical Attendant.

Undertaker, G. Schulling

Place of Business, 308 E Monument St *Address* 27 Frankfort Balto

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on

Board of Health, City of Baltimore,

Permit No. 6371,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT NOV 23 1875 BALTIMORE

Date of Death, Nov 19th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Joh. Gerhard Hellman

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 85 *Years,* *Months,* *Days.*

Color, white *Sex,*

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ofthrde (Germany)

Duration of Residence in the City of Baltimore, about 10 years

Place of Death, {Give street and number.} 100 Dorcas, near Pea

Cause of Death, First (Primary,)

Second (Immediate,) Old age

Duration of Last Sickness, Eight days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Nov 21st 1875 afternoon at 3 o'clock

P. Albers M. D.
Medical Attendant.

Undertaker, H. Meyer

Place of Business, 106 N. Howard *Address* 95 S Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on B...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1762

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 19th 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } William B. Maytwell

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 63 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, ~~Single, Widow or Widower;~~ { Cross out the words not required in this line. }

Occupation, Brick Mason

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, All of his life

Place of Death, { Give street and number. } 354 E. Fayette St

Cause of Death, { First (Primary,) Exhaustion of the Heart
Second (Immediate.) Hydrothorax

Duration of Last Sickness, About three weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Nov 21st 1875

Undertaker, Amey

Place of Business, 54 N Broadway

Thomas Shearer M. D.
Medical Attendant.

Address 9 N Charles St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

SAFETY

THE SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6563,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law;

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 20 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 18th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Samuel H Young

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ——— *Years,* One *Months,* ——— *Days.*

Color, Blk

Married, Single, ~~Widow or Widower~~ {Cross out the words not required in this line.} ———

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth)} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 3 Vincent alley

Cause of Death, {First (Primary.) / Second (Immediate,)} Convulsions

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician

Place of Burial, Locust Cemetery — *Jas A Steuart* M. D.

Date of Burial, Nov 20 1875

Undertaker, Fred C. Nannadt — *Address* Commrs of Health & Registrar

Place of Business, Vincent alley

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of Illegitimate children.

[OVER.]

Information by Abram Young — Father

KODAKS

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on [illegible]

Board of Health, City of Baltimore,

Permit No. 6564

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 20 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 19th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ella Lee

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ____ *Years,* 5 *Months,* ____ *Days.*

Color, Colored *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ____

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt. Md.

Duration of Residence in the City of Baltimore, Since birth.

Place of Death, {Give street and number.} 12 Sterling St.

Cause of Death, First (Primary,) Convulsions.

Second (Immediate,) Exhaustion

Duration of Last Sickness, Three months.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery *Date of Burial,* Nov 20th 1875

Undertaker, William A. Lucas

Place of Business, No 104 East St. *Address* Baltimore. Md.

G. Warren Peck M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on

Board of Health, City of Baltimore,

Permit No. 1565

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 20 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 17th 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Georgianna Keefe

Sex, ~~Male~~ or *Female,* { Cross out the word not required in this line. }

Age, 31 *Years,* 7 *Months,* *Days.*

Color, W. *Sex,* F.

Married, ~~Single, Widow or Widower,~~ { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Salisbury Md

Duration of Residence in the City of Baltimore, 12 years

Place of Death, { Give street and number. } 389 Pratt St

Cause of Death, { First (Primary,) Phthisis

Second (Immediate,)

Duration of Last Sickness, Two months

All the above information should be furnished by the Physician.

Place of Burial, Bayview Cemetery

Date of Burial, Nov 21st 1875

Undertaker, Winston & Son

Place of Business, 263 Light *Address*

L. Sinclair M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1566,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 20 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 19th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wm E. Zimmerman

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Three years, Five Months, Days.

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} No 24 Harmony Lane

Cause of Death, {First (Primary,) Croup

{Second (Immediate,) Gases Gangrenica

Duration of Last Sickness, Three Weeks

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cemetery

Date of Burial, November 21st 1875

{*Undertaker,* Peter Kinnamet

{*Place of Business,* 317 Mulberry St

L. C. Lein M. D.

Medical Attendant.

Address 226 Mulberry Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on [illegible]

Board of Health, City of Baltimore,

Permit No. 1567

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 29 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, November 19th " 1875 -

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ignatius Miller.

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 5 - 4 *Years,* 1 *Months,* 4 *Days.*

Color, —— *Sex,* Male

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Merchant.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany -

Duration of Residence in the City of Baltimore, 27 years -

Place of Death, {Give street and number.} 102 Fort. Av.

Cause of Death, {First (Primary,) Phthisis Pulmonalis.
{Second (Immediate,) Haemoptysis.

Duration of Last Sickness, a few hours

All the above information should be furnished by the Physician.

Place of Burial, St. Alysonius Cemetery R. J. H. Tall. M. D.

Date of Burial, November 21 st " Medical Attendant.

{*Undertaker,* Michael Finnky
{*Place of Business,* No. 33 Barney St. *Address* 158 E. Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on [illegible]

Board of Health, City of Baltimore,

Permit No. 1578

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT NOV 20 1875 BALTIMORE

Date of Death, 19th Nov 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Alice A Morgan

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 23 *Years,* ~~in the 23rd yr~~ *Months,* *Days.*

Color, White *Sex,* f

Married, ~~Single, Widow or Widower~~; { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore City.

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, { Give street and number. } 269 Light Street

Cause of Death, { First (Primary,) Pulmonary Consumption

Second (Immediate.)

Duration of Last Sickness, One Year

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Nov 21st 1875

{ *Undertaker,* Armstrong & Demp

{ *Place of Business,* 263 Light St

A. H. Dodge M. D.
Medical Attendant,

Address 207 Hanover City,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

COVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6569

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 20 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, November 19th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie May Beach

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ——— *Years,* ——— *Months,* Seven *Days.*

Color, Caucasian *Sex,* ———

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ———

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, from time of Conception to death

Place of Death, {Give street and number.} E. Mackelder St, No 303

Cause of Death, {First (Primary,) Cold & other Circumstances Malconformation

Second (Immediate,) A little obscure but Diagnosis, but from appearances Congestion of Lungs, Principally from the Birth}

Duration of Last Sickness, ———

All the above information should be furnished by the Physician.

Place of Burial, Balto County

Date of Burial, Nov 21st 1875

A. J. Ford *M. D.*
Medical Attendant.

{*Undertaker,* Father

Place of Business, ———

Address No. 75 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6570

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 20 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, November 19th 75

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Colford

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 7 *Years,* 3 *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 134 Stanford Ave.

Cause of Death, { First (Primary,) / Second (Immediate,) } Disease of the Spine 6 years

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, Nov 21st 1875

{ *Undertaker,* Henry H. Mears
{ *Place of Business,* 45 N Gay St

Jno. Brooke Boyle M. D.
Medical Attendant.

Address 174 E. Eager St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on [illegible]

Board of Health, City of Baltimore,

Permit No. 1571

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 20 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, November 19th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Eugene Dickey

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ____ *Years,* ____ *Months,* 2 *Days.*

Color, Light mulatto *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ____

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 41 Bruce alley Baltimore

Duration of Residence in the City of Baltimore, 2 days

Place of Death, {Give street and number.} 41 Bruce alley

Cause of Death, First (Primary,) Premature Birth

Second (Immediate,) Umbilical Hemorrhage

Duration of Last Sickness, about 24 hours

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Nov 12th 1875

Undertaker, Wm H Gray

Place of Business, 63 Mulberry St

Address 61 Madison Avenue

[illegible] M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6372

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT NOV 20 1875 BALTIMORE

Date of Death, Nov 19th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William J Kalling

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 24 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Plumber

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 52-6 Saratoga St

Cause of Death, First (Primary,) Suicide by Hanging

Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Nov 21 1875

Undertaker, Louis Kalling

Place of Business, 52 1/2 Saratoga St *Address*

Geo H Yglehart Coroner M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1573

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 29 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov. 18th.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Richard Wilson

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 57 *Years,* *Months,* *Days.*

Color, Mulatto *Sex,* Male

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Kent. Co. Md.

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give street and number.} 166 West St.

Cause of Death, First (Primary,) Diseases of Liver

Second (Immediate,) Heart disease

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Nov. 21st 1875

Undertaker, John B. Williams

Place of Business, 107 Lee St

R. Jn. Hall M. D.
Medical Attendant.

Address 266 S. Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on B...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4574,

The Physician who attended any person in a last Illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT NOV 20 1875 BALTIMORE

Date of Death, Nov 20th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Grace Alberta Smart

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, *Years,* 7 *Months,* 19 *Days.*

Color, White *Sex,* Female

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 126 N Eden St

Duration of Residence in the City of Baltimore, 7 month 19 days

Place of Death, {Give street and number.} 126 North Eden Street

Cause of Death, First (Primary,) Erysipelas

Second (Immediate,)

Duration of Last Sickness, 9 days

All the above information should be furnished by the Physician.

Place of Burial, Bel Air Cemetery

Date of Burial, Nov 21st 1875

Undertaker, Jacob Weaver

Place of Business, 1416 Broad Hill Avenue

Geo H Wagner M. D.
Medical Attendant.

Address 18 Wisgarth St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on [illegible]

Board of Health, City of Baltimore,

Permit No. 4575

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 20 1895 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, ~~Thomas W. Binyon~~ Nov. 20th 1895

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Thomas W. Binyon

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.} Male

Age, Fifty four *Years,* ——— *Months,* ——— *Days.*

Color, White *Sex,* Male

~~*Married, Single, Widow or*~~ *Widower,* {Cross out the words not required in this line.} Widower

Occupation, Inspector

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 78 S. Ann St.

Cause of Death, First (Primary,) Angina Pectoris ———

Second (Immediate,)

Duration of Last Sickness, about 6 six hours

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Nov 22nd 1895

Undertaker, Hughes & Co

Place of Business, 65 S Broadway

John S. Lynch M. D.
Medical Attendant.

Address 194 E. Pratt St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases

Board of Health, City of Baltimore,

Permit No. 1576

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 20 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 20th November 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Josephine M Organ.

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 5 - (Five) *Years,* *Months,* *Days.*

Color, White. *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore.

Duration of Residence in the City of Baltimore, 5 years.

Place of Death, {Give street and number.} Park Av. 1 door S from Dolphin St.

Cause of Death, First (Primary,) Diphtheria.

Second (Immediate,) Diphtheria.

Duration of Last Sickness, Three weeks.

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, Sunday 21st

W C Van Bibber M. D.
Medical Attendant.

Undertaker, A. M. Cushing & Son

Place of Business, 16 Light St Address 47. Franklin St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1577.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 22 1915 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 21st 1915

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Caroline Richter

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 42 *Years,* *Months,* *Days.*

Color, White *Sex,* Married

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, (Housework)

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, About 4 Years

Place of Death, {Give street and number.} Mercy Hospital, Calvert & Madison Sts.

Cause of Death, First (Primary,) Coronary embolism

Second (Immediate,) Cardiac Dilatation

Duration of Last Sickness, 24 hours

All the above information should be furnished by the Physician.

Place of Burial, South Hebrew Cemetery

Date of Burial, Nov 24th

Undertaker, Wm Elsen

Place of Business, 111 Gough

M. D.
Medical Attendant.

Address 192 N. Gilmor St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4578

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 23 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 18th 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Fred. M. Lomick

~~Sex~~, Male or Female, { Cross out the word not required in this line. }

Age, (*Years,* *Months,* *Days.*

Color, white *Sex,*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } 75 S. Eight st.

Duration of Residence in the City of Baltimore.

Place of Death, { Give street and number. } 75 S. Eight st.

Cause of Death, { First (Primary,) Pseudo-Membranous Croup

{ Second (Immediate,)

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Trinity Cemetery

Date of Burial, November 21st 1875

{ *Undertaker,* 96 Fredrick

{ *Place of Business,* 246 Eastend

R. W. Mansfield M. D.
Medical Attendant.

Address 117 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6579

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 4th Dec 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Andrew Lehane

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 35 *Years,* *Months,* *Days.*

Color, *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 21 Yrs

Place of Death, {Give street and number.} 69 Elliott & Canton Ave

Cause of Death, First (Primary,) Heart Disease & Dropsy

Second (Immediate,)

Duration of Last Sickness, Sudden death

All the above information should be furnished by the Physician.

Place of Burial, Trinity Cemetery

Date of Burial, 21 November 1875

Undertaker, John F Gilroy

Place of Business, 265 Aliceanna Address

Chas. J. Cotton M. D.
Coroner
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on ba...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6580

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 20th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lucinda Gosnell

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 29 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 16 years

Place of Death, {Give street and number.} 17 N Fremont St.

Cause of Death, {First (Primary,) Pulmonary Consumption.
Second (Immediate,)

Duration of Last Sickness, 1 year

All the above information should be furnished by the Physician.

Place of Burial, November 22d 1875 D. G. Miller M. D.
Medical Attendant.

Date of Burial, Mount Olivet Cemetery

Undertaker, Jacob Weaver

Place of Business, No 476 Druid Hill Ave Address 89 N. Greene St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The special attention of Physicians is respectfully invited to the remarks below, and to List of Diseases [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6581

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 20th 95.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Franklin Honeyman

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 40 *Years,* *Months,* *Days.*

Color, White *Sex,* Male.

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Laborer in a foundery.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland.

Duration of Residence in the City of Baltimore, In this week.

Place of Death, {Give street and number.} Washington University.

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate,) Inanition.

Duration of Last Sickness, ~~For~~ ~~last~~ 12 months

All the above information should be furnished by the Physician.

Place of Burial, St. Patricks Cem.

Date of Burial, Nov 24th

Undertaker, Patrick Mooney

Place of Business, 31 Patrick Cem.

A L Wolfe M. D.

Medical Attendant.

Address Washington University Hospital.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

THE SPECIAL ATTENTION OF PHYSICIANS IS RESPECTFULLY INVITED TO THE REMARKS BELOW, and to LIST OF DISEASES

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6582

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 19. 11. 95

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henry Nicke

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 2 *Years,* 9 *Months,* ——— *Days.*

Color, White

~~*Married, Single, Widow or Widower.*~~ {Cross out the words not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore.

Place of Death, {Give street and number} 28 N. Smallwood

Cause of Death, First (Primary,) Scarlatina

Second (Immediate,) Diphtheritis, Suffocation.

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician

Place of Burial, Mount Carmel

Date of Burial, Nov. 21 1895

Undertaker, Ch. Roessing

Place of Business, 131 E. Fayette

Hatrick M. D.
Medical Attendant.

Address 245 E. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The special attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on

Board of Health, City of Baltimore,

Permit No. 6583

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 22 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 19th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Hattie Washington

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, One *Years,* Five *Months,* Nineteen *Days.*

Color, Colored *Sex,* Female

~~*Married*~~, *Single,* ~~*Widow or Widower*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Bethel Court

Cause of Death, {First (Primary,) Measles

Second (Immediate,) Two months.

Duration of Last Sickness,

All the above Information should be furnished by the Physician.

Place of Burial, Israel Cemetery

Date of Burial, Nov 21-1875

{*Undertaker,* John C Jordan

{*Place of Business,* 63 Park Ave

Elias C Price M. D.
Medical Attendant.

Address 262 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on

Board of Health, City of Baltimore,

Permit No. 65841

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov: 20th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ida V: Barnett

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, *Years,* 10 *Months,* *Days.*

Color, Colored *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore city

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 68 E: Monument st

Cause of Death, { First (Primary,) Pneumonitis
{ Second (Immediate,) "

Duration of Last Sickness, 4 days

All the above Information should be furnished by the Physician.

Place of Burial, Israel Cemetery

Date of Burial, Novber 21-1875

{ *Undertaker,* John C Jordan
{ *Place of Business,* 63 Park Ave

W. B. Griffith *M. D.*
Medical Attendant.

Address 117 Madison st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on

6585 **Board of Health, City of Baltimore,**

Permit No. 6585

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 20th 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Nathaniel Heibeck

Sex, Male or Female, { Cross out the word not required in this line. }

Age, ____ *Years,* ____ *Months,* ~~11~~ 5 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, 752 Balt st

Place of Death, { Give street and number. } 752 Balt st

Cause of Death, { First (Primary,) ____ Second (Immediate,) Infantile Inflamation

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetary Geo C Gilchrist M. D.

Date of Burial, Nov 21st 1875 Medical Attendant.

Undertaker, Andrew Deitz

Place of Business, 118 Druid Hill Ave Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish thin forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate ting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person ceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on

Board of Health, City of Baltimore,

Permit No. 6586

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 20th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James G. Hewett

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 50 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, ~~*Single, Widow or Widower*~~ {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, Seven years

Place of Death, {Give street and number.} Union Prot Infirmary

Cause of Death, First (Primary,) Septic pneumonia

Second (Immediate,) Chronic Diarhea

Duration of Last Sickness, 18 Months

All the above information should be furnished by the Physician.

Place of Burial, St Pauls Cem

Date of Burial, Nov 22nd 1875

Chas Fawcett M. D.
Medical Attendant.

Undertaker, Mitchell Bros

Place of Business, Saratoga st

Address 93 Mosher st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6587

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 20th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Thomas G. Elliott

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, Sixty-Three (63) *Years,* *Months,* *Days.*

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.} Married

Occupation, Custom House employee

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Anne Arundel Co. Md.

Duration of Residence in the City of Baltimore, Forty five Years (25)

Place of Death, {Give street and number.} No. 358 Eastern Ave

Cause of Death, First (Primary.) Pneumonia

Second (Immediate.)

Duration of Last Sickness, Twenty-two days (22)

All the above information should be furnished by the Physician

Place of Burial, Mt. Hall.

Date of Burial Nov. 22 1875

Undertaker, A A County M.C.

Place of Business, Rut. 58

G. L. Wilkins M. D.
Medical Attendant.

Address 69 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Transit 264

[OVER.]

Board of Health, City of Baltimore,

Permit No. 6390 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT NOV 22 1875 BALTIMORE

Date of Death, 21th November 1875. morning time

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Margaretha Elise Offenbacher

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 65 *Years,* ——— *Months,* ——— *Days.*

Color, white

Sex, Widow

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Saxe Coburg

Duration of Residence in the City of Baltimore, 22 years.

Place of Death, {Give street and number.} N. Bond Street 280

Cause of Death, {First (Primary,) Scirrhus Uteri

{Second (Immediate,) Hämorrhagia.

Duration of Last Sickness, 14. days

All the above information should be furnished by the Physician.

Place of Burial, ~~Greenmount~~ Potts Cemetery

Date of Burial, 24th November 1875.

Undertaker, Leonhard Kurz

Place of Business, N. Bond St. № 272.

William Henkel M. D.

Medical Attendant.

Address N. Wolfe Street 117.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 1591

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 22 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 21st November 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Johann Bersel

Sex, Male ~~*or Female,*~~ {Cross out the word not required in this line.}

Age, 45 *Years,* — *Months,* — *Days.*

Color, white *Sex,*

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Scissorgrinder

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Furth, Bavary

Duration of Residence in the City of Baltimore, 15. Years.

Place of Death, {Give street and number.} N. Gutenbergstr 40.

Cause of Death, First (Primary,) Carcinoma ventriculi

Second (Immediate,)

Duration of Last Sickness, Nine months

All the above information should be furnished by the Physician.

Place of Burial, St Aloysius Cem.

Date of Burial, Nov. 22. 2 PM

Undertaker, John Braun

Place of Business, 77 S Hope

William Henkel M. D.

Medical Attendant.

Address S. Wolfe & 117.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The special attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on B...

Board of Health, City of Baltimore,

Permit No. 6592 — OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT NOV 23 1895 BALTIMORE

Date of Death, 21st November 1895

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Thomas Jerome Wilson Mary C Nelson

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 6 hours ~~Years,~~ ~~Months,~~ ~~Days.~~

Color, *Sex,*

Married, Single, ~~Widow or Widower,~~ { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, 6 hours

Place of Death, { Give street and number. } 386 N Bond St

Cause of Death, { First (Primary,) Premature Birth

{ Second (Immediate,)

Duration of Last Sickness, 6 hours

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet

Date of Burial, Nov 22. 1895

Undertaker, John J Rodemyer *Address* 1 Broadway

Place of Business, N E Cor Fremont Ave & Monument St Madison St

Wm. F. Wilson M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 6693

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT NOV 22 1875 BALTIMORE

Date of Death, Nov. 20th, 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henry F. Kemer

Sex, Male or ~~Female~~; {Cross out the word not required in this line.}

Age, 58 *Years,* *Months,* *Days.*

Color, white *Sex,* male

Married, ~~Single, Widow, Widower~~ {Cross out the words not required in this line.}

Occupation, painter

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore. Maryland.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 514 Aisquith st.

Cause of Death, {First (Primary,) Apoplexy
Second (Immediate,)

Duration of Last Sickness, 36 hours

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Co.

Date of Burial, Nov 22. 1875

{*Undertaker,* Henry Cook.
{*Place of Business,* No. 37 Centre St.

M. B. Billingslea M. D.
Medical Attendant.

Address Cor. Hanford and Biddle sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on B...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6594.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 23 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 21st

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} May E. Moore

Sex, Male or Female, {Cross out the word not required in this line.} ~~Male~~ Female

Age, 3 *Years,* 5 *Months,* 3 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ~~Married~~ ~~Widow~~ ~~Widower~~

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore city

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 72 Ridgely St

Cause of Death, First (Primary,) Swallowing Concentrated Lye,
Second (Immediate,) Exhaustion

Duration of Last Sickness, 5 months + 9 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, November 23 / 75

Undertaker, Ph. F. Dill

Place of Business, 183 Columbia Av,

J. C. Burch M. D.
Medical Attendant.

Address 141 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on ba

Board of Health, City of Baltimore,

Permit No. 6595

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 22 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 20th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Frances Goff

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, 60 *Years,* —— *Months,* —— *Days.*

Color, Colored *Sex,* Female

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.} Married

Occupation, Washerwoman

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Frederick Co, Md

Duration of Residence in the City of Baltimore, 50 years

Place of Death, {Give street and number.} 109 Sarah Ann St

Cause of Death, {First (Primary,) Organic Disease of the Heart. Second (Immediate,) Angina Pectoris

Duration of Last Sickness, 3 days (several attacks of Typho-Malarial fever)

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Nov 22.. 1875

Jno A. Gilliss M. D.
Medical Attendant.

Undertaker, John C. Gordon *Address* 23 N. Green St

Place of Business, No 63 Park Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

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The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on bac

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6596

The Physician who attended any person in a last Illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 20th, 1895. Rec'd.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William H. Brooks.

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, Thirty-five *Years,* Four *Months,* ——— *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Bricklayer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} No 7 N. Henry St.

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate.) Apnöea from excessive bronchorrhöea

Duration of Last Sickness, Two years.

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemetery

Date of Burial, Nov 22 1895

Undertaker, John Thacher

Place of Business, No 150 Camden *Address* 13 N. Henry St

Thos. J. Eldridge, M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

K S·A F E T Y

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6597

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 22 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 21st

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Kreuter Kenner

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, Sixty three *Years,* *Months,* *Days.*

Color, W *Sex,* Male

~~*Married*~~, *Single,* ~~*Widow or Widower*~~ {Cross out the words not required in this line.}

Occupation, Sailor

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Bavaria 6yrs in U.S.

Duration of Residence in the City of Baltimore, 6yrs

Place of Death, {Give street and number.} St Joseph's Hospital (Dr Caroline Hoffman

Cause of Death, First (Primary,) Tuberculosis

Second (Immediate,) Exhaustion

Duration of Last Sickness, 2yrs – (Came to Hospital Nov 12th)

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, Nov 22 1875

Undertaker, Leslie

Place of Business, ———

Oscar J Carey M. D.
Medical Attendant.
Ass't Surgeon to Hosp.

Address St Joseph's Hosp.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

K O D A

The special attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on b...

Board of Health, City of Baltimore,

Permit No. 1598

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 21st November 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Alice Ann Grimes

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 16 *Years,* *Months,* *Days.*

Color, Black *Sex,*

Married, ~~Single,~~ ~~Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Waiter Woman

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Dorchester County

Duration of Residence in the City of Baltimore, 12 Years

Place of Death, {Give street and number.} 14 D Regular M

Cause of Death, {First (Primary,) Tubercular} {Second (Immediate,) Consumption}

Duration of Last Sickness, 5 Months

All the above Information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Nov 22nd 1875

Wm L Russell M. D.
Medical Attendant.

Undertaker, Wm. A. Dunge

Place of Business, 104 East St *Address* 1 Broadway / Madison St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The special attention of Physicians is respectfully invited to the remarks below, and to list of diseases on ba...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1599

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 21st

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Joseph M. Purser

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, 25 *Years,* *Months,* *Days.*

Color, White *Sex,*

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the words not required in this line. }

Occupation, Engraver

Birthplace, { State or country (and how long in the United States, if of foreign birth. } England

Duration of Residence in the City of Baltimore, 2 years

Place of Death, { Give street and number. } 169 W Fayette St

Cause of Death, { First (Primary,) Typhoid Fever
Second (Immediate,)

Duration of Last Sickness, 21 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, 22 Nov 1875

Undertaker, H. J. W. Duckett, Asst. *Address* 169 W Fayette St

Place of Business, 16 Light St

H. Wilkins M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to list of Diseases on ba

Board of Health, City of Baltimore,

Permit No. 6600

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last Illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 25 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 21, 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Edward Allan Kirby

~~*Sex,*~~ *Male or* ~~*Female,*~~ {Cross out the word not required in this line.}

Age, 12 *Years,* 9 *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 263 N. Eutaw St

Cause of Death, First (Primary,)

Second (Immediate,) Peritonitis

Duration of Last Sickness, Six days

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral Cem

Date of Burial, Nov 23 d 1875

J. M. F. Hank M. D.
Medical Attendant.

Undertaker, Chas T Scriven

Place of Business, 271 N Eutaw St *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6604

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 22 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov. 20th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Christina Mehlin

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 75 *Years,* *Months,* *Days.*

Color, white *Sex,*

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 39 yrs.

Place of Death, {Give street and number.} 108 Thames St.

Cause of Death, {First (Primary,) / Second (Immediate,)} Apoplexy 3 days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Old Lutheran Cemetery

Date of Burial, Nov 23d 1875

{*Undertaker,* E. Eckhart / *Place of Business,* 269 Canton Ave.

R. W. Mansfield M. D.
Medical Attendant.

Address 117 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on ba

6602

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6602

. The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 22 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov. 21st 75

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mahalah Ann Jones

Sex, ~~Male~~ *or Female,* { Cross out the word not required in this line. }

Age, 64 *Years,* 10 *Months,* 17 *Days.*

Color, White *Sex,* Female

Married, ~~Single~~, ~~Widow~~ *or* ~~Widower~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Matthais Co. Virginia

Duration of Residence in the City of Baltimore, 32 Yrs

Place of Death, { Give street and number. } 69 Mc Elderry St

Cause of Death, { First (Primary,) / Second (Immediate,) } Paralysis.

Duration of Last Sickness, 18 Months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Nov. 23rd 1875

{ *Undertaker,* Wm. H. Wickman. / *Place of Business,* 234 E. Bay St.

Dr. Geo R. Wayson M. D.
Medical Attendant.

Address 18 Aisquith St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6803,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTRAR OF DEATHS NOV 27 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov. 26th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} William Henry Jones

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Years, 5 Months, Days.

Color, Black *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 5 Months

Place of Death, {Give street and number.} 192 S. Durham St.

Cause of Death, First (Primary,) Gastro-intestinal Catarrh

Second (Immediate,)

Duration of Last Sickness, Do not Know - Saw the child just previous to death

All the above information should be furnished by the Physician.

Place of Burial, Dallas F Baird Grave Yard

Date of Burial, Nov 28th 1875

Undertaker, John W Locke

Place of Business, 69 [redacted] St Wilkes *Address*

Jas H. Carlton M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on ba

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6604

The Physician who attended any person in a last Illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 23 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Nov 21st 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John McLean Taylor.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 47 *Years,* —— *Months,* —— *Days.*

Color, white ~~Sex~~,

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, U S Army.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Washington D.C.

Duration of Residence in the City of Baltimore, Since 1872.

Place of Death, {Give street and number.} 33 Hamilton St. Balto Md.

Cause of Death, First (Primary,) Chronic Diarrhoea

Second (Immediate,)

Duration of Last Sickness, Several months

All the above information should be furnished by the Physician.

Place of Burial, Washington D. C.

Date of Burial, 24th Nov 1875

Henry P. Smith. M. D.
Medical Attendant.

Undertaker, Henry McJenkins Son

Place of Business, 16 Light St — *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Transit 268

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on R...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6605

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 21st 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Catherine Link

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 59 *Years,* ... *Months,* ... *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.} Married

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Hesse Cassle, Germany

Duration of Residence in the City of Baltimore. Thirty-four (34) Years

Place of Death, {Give street and number.} No. 35 Pearl St.

Cause of Death, First (Primary,) Pulmonary Phthisis

Second (Immediate,) ...

Duration of Last Sickness, About one Year, Confined to bed one month

All the above information should be furnished by the Physician

Place of Burial, Trinity Graveyard

Date of Burial, November 22 1875

Undertaker, H. H. Gibmeyer

Place of Business, 341 Eastern Av.

G. L. Wilkins M. D.
Medical Attendant.

Address 69 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The special attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on [illegible]

Board of Health, City of Baltimore,

Permit No. 6606

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT NOV 22 1875 BALTIMORE

Date of Death, November 22d 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Benjamin Hammett

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 5 *Years,* 1 *Months,* 5 *Days.*

Color, White

Sex, Male

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.} Single

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 55 S. Eutaw St.

Cause of Death, {First (Primary,) Scarlatina

{Second (Immediate,) Coma Spinal Meningitis

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Balt Cemet

Date of Burial, Nov 25th 75

Undertaker, Jas A Bayne

Place of Business, 62 Front st *Address* 72 E. Pratt St.

J. D. Powell M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on b

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6607

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT NOV 22 1875 BALTIMORE.

Date of Death, November 21 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elvira S. Chandler

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, Thirty three *Years,* Six *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Concord New Hampshire

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} N 359 Druid Hill avenue

Cause of Death, First (Primary,) Childbirth

Second (Immediate,) Metritis

Duration of Last Sickness, Eight days

All the above information should be furnished by the Physician.

Place of Burial, Concord New Hampshire H. H. Chatard *M. D.*

Medical Attendant.

Date of Burial,

Undertaker, Wm. Deakins & Son

Place of Business, 16 Light St *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

(Transit 269)

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on b

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1608

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 22 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov. 22nd 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Josephine Cecelia Rodiecker

~~*Sex, Male or Female,*~~ {Cross out the word not required in this line.}

Age, — *Years,* — *Months,* 1½ *Days.*

Color, wht ~~*Sex,*~~

~~*Married,*~~ *Single,* ~~*Widow or Widower.*~~ {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 81 W Biddle St Balto Md

Duration of Residence in the City of Baltimore, 1 day

Place of Death, {Give street and number.} 81 W. Biddle St

Cause of Death, { First (Primary,) non development - Premature Birth. Second (Immediate,) death by asthenia

Duration of Last Sickness, 1 day

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cy G Lane Taneyhill M. D.

Date of Burial, Nov 22nd 1875 Medical Attendant.

Undertaker, Parents

Place of Business, — *Address* 129 W Biddle St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The ~~brothers~~ case was one of premature birth
Taneyhill

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4609

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 22 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov. 21st. 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sophia Spandauer

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 45 *Years,* *Months.* *Days.*

Color, White *Sex,* Female

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Housewife

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Bavaria

Duration of Residence in the City of Baltimore, Forty years

Place of Death, {Give street and number.} 104 Wetherford Alley

Cause of Death, First (Primary,) Lung Disease

Second (Immediate,) Ulceration of

Duration of Last Sickness, Five months.

All the above information should be furnished by the Physician.

Place of Burial, Ebenezer Hebrew Cem. *Medical Attendant,* G. Glanville Rice M. D.

Date of Burial, Nov 23 1

Undertaker, Wm Ecker *Address* Balto & Marsh Sts

Place of Business, 101 Baugh

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 6610

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT NOV 23 1875 BALTIMORE

Date of Death, Nov. 22nd 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Geniviva Louisa Stetes

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 2 5 *Days.*

Color, white

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth)} Balty City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 111 N. Central Ave

Cause of Death, {First (Primary,) ——— Second (Immediate,)} Inanition

Duration of Last Sickness, all its life

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cem'y

Date of Burial, Nov 23rd 1875

James H. Stewart M. D.
~~Medical Physician~~

{*Undertaker,* Henry Hoeck
Place of Business, 309 N. Central Ave} Address Commrs of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children

Information by Charles Stetes Father

[OVER.]

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BAC

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6611

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 23 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 21 St. 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Isaac Smith

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, *Years,* Eleven (11) *Months,* Sixteen (16) *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 231 S. Central Av.

Cause of Death, First (Primary,) Tuberculer Meningitis & Pthisis #

Second (Immediate,) Convulsions

Duration of Last Sickness, About-Two (2) Months

All the above information should be furnished by the Physician.

Place of Burial, Loudon Cemetery

Date of Burial, Nov 23rd 1875

Undertaker, John W. Locke

Place of Business, 58 South Wilkens Address

G. L. Wilkins M. D.
Medical Attendant.

C. L. Boerhaave
Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Tuberculosis of Lungs and Brain

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6612

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 23 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 21st 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elias Johns

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, 28 *Years,* — *Months,* — *Days.*

Color, Black *Sex,* Male

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.} Married

Occupation, Stevadore

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Talbot Co. Md

Duration of Residence in the City of Baltimore, three years

Place of Death, {Give street and number.} 10 Temple St

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate,) Slow asthenia.

Duration of Last Sickness, Eight Months.

All the above information should be furnished by the Physician.

Place of Burial, Loudel Cemetry

Date of Burial, Nov 23rd 1875

D Webster Cathell M. D.
Medical Attendant.

Undertaker, John W. Locker

Place of Business, 59 South West *Address* 1½ S Exeter St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on bac...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6613

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 23 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, November 22 ..

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Anna Kehl

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, 11 *Years,* 1 *Months,* 8 *Days.* 19

Color, White *Sex,* female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ..

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, ..

Place of Death, {Give street and number.} W Pratt St. 352

Cause of Death, First (Primary,) Diphtheria

Second (Immediate,) Exhaustion

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, 23 November

Undertaker, ~~Meier~~ H. Meyer

Place of Business, N. Howard St 16

Dr F Reinhard M. D.
Medical Attendant.

Address 224 W. Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on ba

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6614

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 23 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 23rd 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Geo Edward Heinzerling

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 1 *Years,* 7 *Months,* 20 *Days.*

Color, ~~Sex,~~ White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} ~~10 Ridgely St.~~ Balto Co.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 10 Ridgely St.

Cause of Death, First (Primary,) 2 Pneumonia

Second (Immediate,)

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, The 24th November. N. N. Co.

R. C. Lee M. D.
Medical Attendant.

{*Undertaker,* Ph. P. Fill

{*Place of Business,* 183 Columbia ave. Address Hanover & Barre Sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on ba

Board of Health, City of Baltimore,

Permit No. 6615

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 23 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov. 22, and 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Anna L. Heinzerling

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 6 *Years,* 3 *Months,* 21 *Days.*

Color, ~~Sex,~~ White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} No 10 Ridgely St.

Cause of Death, First (Primary,) Born Idiotic

Second (Immediate,) Spasms 2 days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, November 24th 1875

Undertaker, Ph. P. Dill

Place of Business, 183 Columbia av.

R. C. Lee M. D.
Medical Attendant.

N W. Cor

Address Hanover Barre sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on ba

Board of Health, City of Baltimore,

Permit No. 6616

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 23 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 22nd

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Thomas Brown

Sex, Male ~~or Female~~, {Cross out the word not required on this line.}

Age, 2 years 2 Month *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Texas Balt. Co. Md

Duration of Residence in the City of Baltimore, 7 months

Place of Death, {Give street and number.} 55 Bevan St

Cause of Death, First (Primary,) Membranous Croup.

Second (Immediate,)

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Texas Balto Co

Date of Burial, Nov 23 1875

Undertaker, James P. Byrne

Place of Business, Front St

Wm Whitridge M. D.
Medical Attendant.

Address 181 N Charles St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

(Transit 270) —

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on ba

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6617

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 23 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 22. 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Agnes S. Wilson.

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 53 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, Lady

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City, Md.

Duration of Residence in the City of Baltimore, 53 yrs

Place of Death, {Give street and number.} 372 N. Howard St.

Cause of Death, First (Primary,) Phthisis

Second (Immediate.)

Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, Saint Paul's B.Y.

Date of Burial, Nov. 24th 1875

Undertaker, Jacob Weaver

Place of Business, No 456 Penn Ave Address Penna

A. Jinsley M. D.
Medical Attendant.

454 N. Carey St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on bac

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1618

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 23 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Nov 20. 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Lizzie Welsch

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, ~~Years,~~ ~~Months,~~ 10 Days.

Color, Mulatto *Sex,* Female

~~*Married, Single, Widow or Widower,*~~ { Cross out the words not required in this line. } Single

Occupation, —

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Balto

Duration of Residence in the City of Baltimore, Decalm

Place of Death, { Give street and number. } 154 Raborg

Cause of Death, { First (Primary,) Dont Know / Second (Immediate,) Convulsions

Duration of Last Sickness, Dont Know

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetary

Date of Burial, 23d November

Undertaker, James H Davis

Place of Business, No 12 Saratoga St

W. H. Krug M. D.
Medical Attendant.

Address 53 N Green St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The special attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on ba

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4419.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 22 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 22d.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ida Wallis Brun

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 2 years.

Place of Death, {Give street and number.} 16. Wharf East

Cause of Death, {First (Primary,) Whooping Cough

Second (Immediate,) Hemorrhage from lungs

Duration of Last Sickness, about 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem

Date of Burial, Nov 24th 1875

Jas H. Bruns M. D.
Medical Attendant.

{*Undertaker,* Jacob Thurn

{*Place of Business,* No 476 Broad Stair Address Cor Pitt & Thurn

Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on b

Board of Health, City of Baltimore,

Permit No. 6620

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 23 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 22nd

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Patrick Mooney

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 55 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, ~~Single,~~ ~~Widow or Widower.~~ {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} County Armagh Ireland

Duration of Residence in the City of Baltimore, Twenty nine years

Place of Death, {Give street and number.} No 45. Bowers Street

Cause of Death, {First (Primary,) Consumption
Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral Cemetery

Date of Burial, Nov 23rd 1875

{*Undertaker,* James O'Byrne
Place of Business, No 63 N Front St *Address*

Wm Whitridge M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on ba

Board of Health, City of Baltimore,

Permit No. 6621

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 23 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 21 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Hugh Vaughan

Sex, ~~Male or Female~~, { Cross out the word not required in this line. }

Age, 62 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, ~~Single, Widow or Widower~~, { Cross out the words not required in this line. }

Occupation, Watchman

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Ireland — 29 years in U.S.

Duration of Residence in the City of Baltimore, 6 mos.

Place of Death, { Give street and number. } 4 Keighler st

Cause of Death, { First (Primary,) Phthisis pulmonalis

Second (Immediate,)

Duration of Last Sickness, 1 yr —

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral Cemetery

Date of Burial, Nov 23rd 1875

Undertaker, James P Byrne

Place of Business, No 63 Shroll St *Address* 154 Shroll St

D L M. Deal M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6622,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 23 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov. 22nd 75

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Frank Wall

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 8 *Years,* 4 *Months,* *Days.*

Color, *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 65 McKim St

Cause of Death, First (Primary,) Scarlet fever

Second (Immediate,)

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, St Vincents Cemetery

Date of Burial, Nov 23d 1875

Undertaker, James D Byrne

Place of Business, No 63 N Front St

Jno. Burke Boyle *M. D.*

Medical Attendant.

Address 74 E. Eager St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The special attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4423,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 23 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 22 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Oscar James Newton

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} M

Age, 7 *Years,* 11 *Months,* *Days.*

Color, W *Sex,* M

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Painter's Child

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, Ten years

Place of Death, {Give street and number.} 1022 N Central Ave Balto

Cause of Death, First (Primary,) Consumption Lungs

Second (Immediate,) Nearly 2 weeks

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, Nov 23/75

D. Ridgway Jones *M. D.*
Medical Attendant.

Undertaker, Crumpley

Place of Business, 54 N Broadway *Address* 1021 E Balto

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on b

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6624

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 23 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 22. 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Caroline Brown

~~Sex, Male or~~ Female, {Cross out the word not required in this line.}

Age, 55 *Years,* 6 *Months,* 21 *Days.*

Color, White *Sex,*

Married, ~~Single, Widow or Widower~~ {Cross out the words not required in this line}

Occupation, House Keeper (Proprietress of Brown's Hotel)

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt.e County

Duration of Residence in the City of Baltimore, 18 years

Place of Death, {Give street and number.} 119 S. Hight St

Cause of Death, First (Primary,) Inflammation of Bowels.

Second (Immediate,)

Duration of Last Sickness, Five Weeks.

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery *Date of Burial,* Nov 24th/75

Dr. Carey Thomas. M. D.
Medical Attendant.

Undertaker, Geo Schilling

Place of Business, cor Lexington & Monument sts *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on b

Board of Health, City of Baltimore,

Permit No. 6625

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 23 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Nov 23rd 75.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Cesar M. Guyer Sims

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, 11 *Years,* 6 *Months,* 2 *Days.*

Color, Mulatto *Sex,*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Granville, Tennessee

Duration of Residence in the City of Baltimore, 8 years

Place of Death, { Give street and number. } 143 N. Carey St.

Cause of Death, { First (Primary,) Scarlatina Malegna, Second (Immediate,)

Duration of Last Sickness, 6 days.

All the above information should be furnished by the Physician.

Place of Burial, Hebrew Cemetery

Date of Burial, November 24th 75

Wm. L. Steiner M. D.
Medical Attendant.

Undertaker, Gray & Mears,

Place of Business, 22 N. Fayette St. *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 6626

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 24 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 24th November, 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Charles Edward Ward.

Sex, Male or Female, {Cross out the word not required in this line.} Male.

Age, 1 *Years,* 2 *Months,* *Days.*

Color, White *Sex,* Male.

Married, Single, Widow or Widower, {Cross out the words not required in this line.} "

Occupation, "

Birthplace, {State or country (and how long in the United States, if of foreign birth.} No 413 South Gilmor St.

Duration of Residence in the City of Baltimore, 1 Mo's

Place of Death, {Give street and number.} 323 Franklin St.

Cause of Death, {First (Primary,) / Second (Immediate,)} Tubercular Meningitis

Duration of Last Sickness, 10 Days,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, 26th November, '75;

{*Undertaker,* John Hooker / *Place of Business,* 150 Camden}

A. W. Little, M. D.
Medical Attendant.

Address 231 Franklin St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of

Board of Health, City of Baltimore,

Permit No. 1627.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 24 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 23rd 75

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sadie Armacost

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 2 years ~~Months~~ ~~Days~~ *Years,* 11 *Months,* 5 *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 89 Chew St

Cause of Death, First (Primary,) Scarlet Fever

Second (Immediate,)

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Nov 25 11 o'clock P.M. Jno. Brooke Boyle **M. D.**

Medical Attendant.

Undertaker, Geo. C. Robertson *Address* 174 E. Eager St

Place of Business, 138 Exeter

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back o

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6628

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 24 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 23rd of Novbr, 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wilhelmina Heath

~~*Sex,*~~ *Male or* ~~*Female,*~~ {Cross out the word not required in this line.}

Age, 1 *Years,* 2 *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} E. Lombard St. No. 119

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} E. Lombard St No. 119

Cause of Death, First (Primary,) Scarlet fever

Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Nov. 25. 1875

Undertaker, Chas Keasing

Place of Business, 16 E Fayette St. *Address*

Fred Kelso M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on ba

Board of Health, City of Baltimore,

Permit No. 6629

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 24 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 22 — 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Byron L Miller

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 40 *Years,* 4 *Months,* 2 *Days.*

Color, Wr *Sex,* M

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Clerk.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. city Md

Duration of Residence in the City of Baltimore, All his Life

Place of Death, {Give street and number.} 1093 Light st.

Cause of Death, {First (Primary,) Consumption

Second (Immediate,)

Duration of Last Sickness, Several Months

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemetery

Date of Burial, 25th

W. Ridgway Andre M. D.
Medical Attendant.

{*Undertaker,* Geo. Schilling

Place of Business, Cor Virginia & Monument sts *Address* 1121 & Balto st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on ba

Board of Health, City of Baltimore,

Permit No. 1630

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 24 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 23rd 75

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Virgil C. Sears

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Virgil C. Sears

Age, 23 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Merchant

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Lancaster Co Va

Duration of Residence in the City of Baltimore, Eight Years

Place of Death, {Give street and number.} England House City

Cause of Death, First (Primary,) Typhoid Fever

Second (Immediate.)

Duration of Last Sickness, Thirty one days.

All the above information should be furnished by the Physician.

Place of Burial, Lancaster Co Va

Date of Burial, November 27th 1875

Undertaker, John D. Weaver

Place of Business, #22 W. Fayette St

Wm H Corin M. D.
Medical Attendant.

Address Eutaw House

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

(Transcript 271)

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back.

Board of Health, City of Baltimore,

Permit No. 6631

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 24 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 24th 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Sarah Maria McDonald

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, Seventy one *Years,* Ten *Months,* Twenty eight *Days.*

Color, White *Sex,* Female

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } N 29 Hamilton St

Cause of Death, { First (Primary,) / Second (Immediate,) } Cerebral Congestion

Duration of Last Sickness, Seven days

All the above information should be furnished by the Physician.

Place of Burial, Westminster yard

Date of Burial, Nov 26

Undertaker, Geo W Spence

Place of Business, Forest 206 St *Address*

F. F. Thatcher M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

F E T Y F I L

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on b

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6637

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 24 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 21

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Juliette E Saumi

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.} Female

Age, *Years,* *Months,* 14 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ———

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltmore Md

Duration of Residence in the City of Baltimore, 14 Days

Place of Death, {Give street and number.} 181 Walsh St

Cause of Death, First (Primary,) Inanition

Second (Immediate,)

Duration of Last Sickness, 9 days

All the above information should be furnished by the Physician.

Place of Burial, Glenmont

Date of Burial, 24 Nov 75

Undertaker, Frost Ware

Place of Business, 416 Druid Hill Av. *Address* 131 N. Charles

Rev Thomas M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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KODAK S·A

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on ba...

Board of Health, City of Baltimore,

Permit No. 6633.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 24 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 22nd Nov 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Frank Minn Jamin

~~*Sex,* Male or Female,~~ {Cross out the word not required in this line.} Male

Age, *Years,* *Months,* 12 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, 12 days

Place of Death, {Give street and number.} 181 Walsh St

Cause of Death, {First (Primary,) [illegible] — Insanitis

{Second (Immediate,)

Duration of Last Sickness, 7 days.

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, 24 Nov 75

Undertaker, Sarah Wearer

Place of Business, 414 E Druid Hill Ave

Dan Knapp *M. D.*
Medical Attendant.

Address 131 N Charles

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6634,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 24 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Nov 23d 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Eduard Williams

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 34 *Years,* *Months,* *Days.*

Color, col *Sex,* Male

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Hod Carrier

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Kentucky

Duration of Residence in the City of Baltimore, 4 years

Place of Death, {Give street and number.} Low Alley

Cause of Death, First (Primary,) Dropsy

Second (Immediate,)

Duration of Last Sickness, 1 year & 3 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetary E. Balto

Date of Burial, 24 November

M. D.
Medical Attendant.

Undertaker, Jas H Davis

Place of Business, No 12 Sanatoga st Address 124 n. Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back o...

Board of Health, City of Baltimore,

Permit No. 6635

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT NOV 24 1875 BALTIMORE

Date of Death, November 22nd 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} David R. Lovett

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 30 *Years,* 7 *Months,* 3 *Days.*

Color, Brown *Sex,* Male

Married, Single, ~~Widow or~~ Widower, {Cross out the words not required in this line.}

Occupation, Trailer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number.} 842 N. Balto St.

Cause of Death, {First (Primary,) Phthisis Pulmonalis

{Second (Immediate.)

Duration of Last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Nov. 24 75

R. M. Mace M. D.

Medical Attendant.

Undertaker, S. W. Chase

Place of Business, 190 S. Howard st Address 266 S. Stanp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back

Board of Health, City of Baltimore,

Permit No. 6636

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 24 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 23rd 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth. Washington

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, 28 *Years,* 6 *Months,* — *Days.*

Color, Colored *Sex,* Female

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.} Married

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} King and Queens Co Virginia

Duration of Residence in the City of Baltimore, 6 years

Place of Death, {Give street and number.} 48 Ohio St

Cause of Death, First (Primary,) Brights Disease

Second (Immediate,) Puerperal-peritonitis

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Nov 24th 1875

Undertaker, Wm Sommerfay

Place of Business, 65 Mulberry St

J. S. Gillis M. D.
Medical Attendant.

Address 23 N. Greene St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

(Patient by Consultation)

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back ...

Board of Health, City of Baltimore,

Permit No. 1637

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 24 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Nov 22 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Son of Jerome & Mary Hall

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, ... *Years,* 3 *Months,* ... *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, { Give street and number. } No 7 Hanover Alley

Cause of Death, { First (Primary,) Cholera Infantum

{ Second (Immediate,) ...

Duration of Last Sickness, One Month

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Cemetery

Date of Burial, November 24th 1875

Undertaker, H. & H. Schroyer

Place of Business, 341 Canton Av. *Address*

... *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back.

Board of Health, City of Baltimore,

Permit No. 6638 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, If requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 24 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov. 24 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Feeley

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 14 *Years,* — *Months,* *Days.*

Color, *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 148 Leadenhall St.

Cause of Death, {First (Primary,) Trismus

{Second (Immediate,)

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, St Patricks Cem

Date of Burial, Nov 25th 1875

Undertaker, C. H. Krause

Place of Business, 207 Hanover St. Address 201 Hanover St

A. McKlodge M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on bac

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6639

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 21 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, November 23rd 1875.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } James C. Simpkins

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, One *Years,* 11 *Months,* Twenty *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Somerset County Maryland

Duration of Residence in the City of Baltimore, Three Months.

Place of Death, { Give street and number. } No. 123 Charles St.

Cause of Death, { First (Primary,) Catarrhal Fever

Second (Immediate,)

Duration of Last Sickness, Seven Days.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Nov. 25th 1875.

Nicholas [illegible] *M. D.*
Medical Attendant.

{ *Undertaker,* Wm. H. Hickman *Address* 17 S. Broadway
{ *Place of Business,* 234 N. Gay St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT BALTIMORE NOV 25 1875

Permit No. 6640

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE NOV 25 1875

CERTIFICATE OF DEATH.

Date of Death, [illegible]

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} [illegible]

Sex, Male or Female, {Cross out the word not required in this line.} [illegible]

Age, [illegible] *Years,* [illegible] *Months,* [illegible] *Days.*

Color, [illegible]

Married, Single, Widow or Widower, {Cross out the words not required in this line.} [illegible]

Occupation, [illegible]

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, [illegible]

Place of Death, {Give street and number.} [illegible]

Cause of Death, {First (Primary.) [illegible] Second (Immediate.) [illegible]

Duration of Last Sickness, 1 Day

All the above information should be furnished by the Physician

Place of Burial, St. Peters Cimetery

Date of Burial, November 26th 1875

Undertaker, H. H. Gilmayer

Place of Business, 341 Canton Av.

Dr Parker M. D.
Medical Attendant.

Address [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. ...

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of THIS ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6641

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 20 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, ...

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} ...

Sex, Male or Female, {Cross out the word not required in this line.} ...

Age, ... *Years,* ... *Months,* ... *Days.*

Color, ...

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ...

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth)} ...

Duration of Residence in the City of Baltimore. ...

Place of Death, {Give street and number.} ...

Cause of Death, {First (Primary,) / Second (Immediate,)} ...

Duration of Last Sickness, ...

All the above information should be furnished by the Physician

Place of Burial, Holy Cross Cimetary

Date of Burial, November 20th 1875

Undertaker, H M Gilmeyer

Place of Business, 341 Eastern Ave, *Address*

... *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on bac

Board of Health, City of Baltimore,

Permit No. 6642

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV. 25 1895 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 24. 1895

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Honora Farley

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, 15 *Years,* 11 *Months,* *Days.*

Color, White *Sex,* Female

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} Single

Occupation, House Girl

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 97 S. High St.

Cause of Death, First (Primary,) Burn

Second (Immediate,) Nervous Shock

Duration of Last Sickness, 10 Hours

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cemetery

Date of Burial, 25 September

Undertaker, F. Bohlen

Place of Business, 36 Thames St.

Jno. F. Lowell M. D.
Medical Attendant.

Address 126 E. Pratt St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on ba

Board of Health, City of Baltimore,

Permit No. 6643

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 23 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 22. 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Elizabeth Bryan

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 64 *Years,* *Months,* 19 *Days.*

Color, White *Sex,*

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Harford Co Md.

Duration of Residence in the City of Baltimore, 54 Years

Place of Death, {Give street and number.} No 356. E Monument St

Cause of Death, {First (Primary,) Langrene

Second (Immediate,)

Duration of Last Sickness, 1 Month. 11 Days

All the above information should be furnished by the Physician.

Place of Burial, Balt cemetery

Date of Burial, Nov 24 12 O'Clock

E H Ruth M. D.
Medical Attendant.

{*Undertaker,* Geo C Rodemayer

{*Place of Business,* 38 Exeter St *Address* 151 E Madison St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 66444

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT BALTIMORE NOV 25 1875

Date of Death, Nov 24th 75

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Samuel P Taylor

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 40 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

~~Married, Single, Widow~~ or Widower, {Cross out the words not required in this line.}

Occupation, Grocer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore, All life

Place of Death, {Give street and number.} Fort of Calvert St

Cause of Death, {First (Primary,) accidentas Drowning

{Second (Immediate,)

Duration of Last Sickness, Sudden death

All the above information should be furnished by the Physician.

Place of Burial, Balto Asseta

Date of Burial, Nov 25th 1875

{*Undertaker,* Smith & Dorsey

{*Place of Business,* 261 Light St

Edmund D Walker M. D.

Medical Attendant.

Coroner M. P. S

Address 180 Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this C... No. ...

Board of Health, City of Baltimore,

Permit No. 6645 — OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT BALTIMORE NOV 25 1875

Date of Death, Nov. 23, 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mrs. Fannie R. McKay

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 24 years *Years,* *Months,* *Days.*

Color, White *Sex,* F.

Married, ~~*Single, Widow or Widower.*~~ {Cross out the words not required in this line.}

Occupation, a Lady

Birthplace, {State or country (and how long in the United States, if of foreign birth.} St. Marys Co. Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No. 110 Harlem Ave

Cause of Death, {First (Primary,) Erysipelas of head & throat

{Second (Immediate,) " " "

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem.t

Date of Burial, Nov 25th 1875

W. T. Howard M. D.
Medical Attendant.

{*Undertaker,* Jacob Thuer

{*Place of Business,* No 446 Druid Hill Avenue *Address* Cor of Madison and Eutaw Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this

No. 3

Board of Health, City of Baltimore,

Permit No. 6646

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 25 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov. 24th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ella Blair Gibson

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 2 *Years,* 8 *Months,* *Days.*

Color, White *Sex,* Female

~~*Married, Single,*~~ *Widow or Widower,* {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 317 E Monument St. City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 317 E Monument St

Cause of Death, {First (Primary,) / Second (Immediate,)} Scarlet Fever

Duration of Last Sickness, 6 Days.

All the above Information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Novemb 25/75

{*Undertaker,* Wm. H. Hickman / *Place of Business,* 1023 W. Fay St} *Address* 15 Hisquith St

D. G. A. Hayes M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 6

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this

Board of Health, City of Baltimore,

Permit No. 6647

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 20 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 25th 1875

Full ~~Name of~~ Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Father Charles Brüfer, Mother Louise

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 11 Years, Months, Days

Color, White *Sex,* Male

~~Married, Single, Widow or Widower~~, {Cross out the words not required in this line.}

~~Occupation,~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt Md.

~~Duration of Residence in the City of~~ Baltimore,

Place of Death, {Give street and number.} 35 Lemon Pl

Cause of Death, {First (Primary,) / Second (Immediate,)} Compression of Arteries and Cord

~~Duration of Last Sickness~~,

All the above information should be furnished by the Physician.

Place of Burial, St. Mikes Parish

Date of Burial, Nov 28th 75

H. W. Spain M. D.
Medical Attendant.

Undertaker, Adam Haidemeyer

Place of Business, 518½ W. Baltimore Str. *Address* 37 N Paca St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 6

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of th

Board of Health, City of Baltimore,

Permit No. 6648

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 25 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 24th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Andrew Zuckerd

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 2 *Years,* 10 *Months,* 10 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and number.} 190 Williams St,

Cause of Death, First (Primary,) Diphtheria

Second (Immediate,) 6 days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, H. Catholic

Date of Burial, Nov 26 1875

Undertaker, F. Krause

Place of Business, 209 Hanover st Address

A. H. Smith M. D.
Medical Attendant.

108 S. Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this

No. 6

Board of Health, City of Baltimore,

Permit No. 6649

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in his last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 29 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 24

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Leo Hildebrandt

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 45 *Years,* 2 *Months,* *Days.*

Color, *Sex,*

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Shoemaker

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Bavaria

Duration of Residence in the City of Baltimore, 28 years

Place of Death, {Give street and number.} 13 Diamond St

Cause of Death, {First (Primary,) Phthisis Pulmonalis

{Second (Immediate,)

Duration of Last Sickness, 5 Months

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cem Leo L. Rice *M. D.*

Date of Burial, Nov 27 1875 Medical Attendant.

Undertaker, Henry Flack

Place of Business, 304 Eutaw Av *Address* 62 Park Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...City of Baltimore...

No. 1...

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this

Board of Health, City of Baltimore,

Permit No. 6650

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 26 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 24th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Joseph Christopher

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 68 *Years,* *Months,* *Days.*

Color, White, *Sex,*

Married, ~~Single, Widow or Widower~~; {Cross out the words not required in this line.} Married

Occupation, Watchman

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Portugal to U S

Duration of Residence in the City of Baltimore, 36 years

Place of Death, {Give street and number.} No 3 Bartlett St

Cause of Death, First (Primary,) Valvular disease of the heart the aortic valves principally

Second (Immediate,) Cardiac disease

Duration of Last Sickness, 10 weeks

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery W C Van Bibber M. D.

Medical Attendant.

Date of Burial, November 26

Undertaker, S B Cook

Place of Business, 707 West Baltimore Address 47 Franklin St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CE

Board of Health, City of Baltimore,

Permit No. 6651

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 26 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 24th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John & Anna Doerpinchs (Parents)

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ~~Years,~~ *Months,* 4 hours ~~Days.~~

Color,

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 39 Steuart St

Cause of Death, {First (Primary.) / Second (Immediate,)} Asthenia.

Duration of Last Sickness,

All the above information should be furnished by the Physician

Place of Burial, Mt Carmel Cemetery

Date of Burial, Nov 26th 1875

Undertaker, Henry Pinkert

Place of Business, 81 Hanover St

James H. Steuart M. D.
~~Medical Attendant~~

Address Commissioners of Health
& Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Mrs Mary Knobe Midwife

[OVER]

No. 665

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1152

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 26 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 25 Novbr. 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mrs Mary Hailes.

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 35 Years, — Months, — Days.

Color, white *Sex,* female

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 20 years Baltimore

Place of Death, {Give street and number.} 811 Somerset

Cause of Death, { First (Primary,) Carcin. uteri,
Second (Immediate.) ab. 2 years

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Mychaels Cem

Date of Burial, Novem 27 1875

Undertaker, Henry Hoch

Place of Business, 309 Central Ave *Address* 57 Augusta

O Hattmaker, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 663

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6653,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 26 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, November 25th, 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Julius E. Roberts

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Twenty three *Years,* Five *Months,* Nineteen *Days.*

Color, *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Clerk

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Calvert Co., Md.

Duration of Residence in the City of Baltimore, Three years & two months

Place of Death, {Give street and number.} No 343 N. Broadway

Cause of Death, First (Primary,) Sub acute Pneumonitis

Second (Immediate,)

Duration of Last Sickness, Four days

All the above information should be furnished by the Physician.

Place of Burial, Bolo Cemetery

Date of Burial, Nov 27th 1875

Undertaker, Richard Hall

Place of Business, East Balto St 233

W. S. White, M. D.

Medical Attendant.

Address 361 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 665

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6657

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 26 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, November 25th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Robert Anthony McKay

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, 3 *Years,* ——— *Months,* ——— *Days.*

Color, White

~~Married, Single, Widow or Widower~~, {Cross out the words not required in this line.}

~~Occupation~~,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City Md.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} No 378 Hillsboro St

Cause of Death, First (Primary,) Scarlet Fever

Second (Immediate,) Dropsy, with effusion in Pericardium

Duration of Last Sickness, Four weeks

All the above information should be furnished by the Physician

Place of Burial, St Patrick's Cemetery

Date of Burial, November 26th, 1875

Undertaker, Mathias A Daiger

Place of Business, 74 S. Broadway

Thomas D. Evans M. D.
Medical Attendant.

Address No 18 Jackson Square

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certific

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6653

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT NOV 26 1875 BALTIMORE.

Date of Death, November 24th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ella Heat Rose

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 14 *Years,* 8 *Months,* 14 *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, ——

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 262 E Eager Street

Cause of Death, First (Primary,) Cold

Second (Immediate,) Pulmonary Consumption

Duration of Last Sickness, Over One Year

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, Nov. 28

Undertaker, W A Daiger

Place of Business, 947 Bdwy *Address* 23 S Broadway

J. J. Cocknill M. D.
Medical Attendant.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certi

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6656

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT NOV 26 1875 BALTIMORE.

Date of Death, Nov. 25. 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jacob Brown.

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male.

Age, 50 *Years,* 7 *Months,* 24 *Days.*

Color, White *Sex,* Male.

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.} Married.

Occupation, Shoemaker

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Philadelphia.

Duration of Residence in the City of Baltimore, 25 Years.

Place of Death, {Give street and number.} 108 S. Central Ave

Cause of Death, First (Primary,) Phthisis.

Second (Immediate,) Hamoptysis.

Duration of Last Sickness, 3 Years.

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Nov 28th 1875

Undertaker, Wm. I. Tetmer

Place of Business, 65 S. Eutaw St *Address*

Jn. T. Duvall, M. D.
Medical Attendant.
72 E Pratt St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certi[ficate]

Board of Health, City of Baltimore,

Permit No. 4457

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT NOV 26 1875 BALTIMORE

Date of Death, November 24th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Margaret Ross

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 37 *Years,* — *Months,* *Days.*

Color, Colored *Sex,* Female

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Howard Co. Md.

Duration of Residence in the City of Baltimore, Six years

Place of Death, {Give street and number.} Lyon St. near Richmond St.

Cause of Death, First (Primary,) Pulmonary Phthisis

Second (Immediate,) Ev.

Duration of Last Sickness, Not known: probably more than 2 years

All the above information should be furnished by the Physician.

Place of Burial, Cathedral ~~Laurel~~ Cemetery

Date of Burial, Nov 26th 1875

Undertaker, Wm Sanderson

Place of Business, 63 Hanover St

S. C. Chew M. D.

Medical Attendant.

Address 141 Lemmon St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

No. 665

The Special Attention of Physicians is respectfully invited to the remarks below. and to List of Diseases on back of this Certific

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6658

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 26 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Nov 24th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ann E. Crowther

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 14 *Years,* 2 *Months,* 6 *Days.*

Color, White *Sex,*

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore County Md.

Duration of Residence in the City of Baltimore, near 14 yrs

Place of Death, {Give street and number.} 14 Ramsey St

Cause of Death, {First (Primary,) Scrofula / Second (Immediate,)

Duration of Last Sickness, about 2 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetry

Date of Burial, Nov. 26th 1875

E. R. Ward, M. D.
Medical Attendant.

Undertaker, Adam Weidemeyer *Address* 242 W. Lombard St.

Place of Business, 578½ W. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 6363

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificat

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6659

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 26 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Nov 26th '75

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Virginia Lee Fisher

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 5 *Years,* 4 *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 31 Pine St.

Cause of Death, {First (Primary,) Scarlet Fever
Second (Immediate,)}

Duration of Last Sickness, 18 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, Nov 27th 1875

{*Undertaker,* Jos Doane
Place of Business, 868 W Balto st}

H. H. Keller, M. D.
Medical Attendant.

Address 89 N Greene St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Keepers of C... 6660

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 6660

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 26 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 26th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Michael Connelly

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 70 *Years,* ——— *Months,* ——— *Days.*

Color,

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland - 25 years

Duration of Residence in the City of Baltimore, 9 years

Place of Death, {Give street and number.} 8 Hanfort ave

Cause of Death, {First (Primary,) / Second (Immediate,)} Consumption

Duration of Last Sickness, 5 years

All the above information should be furnished by the Physician

Place of Burial, St. Vincents Cemetery

Date of Burial, Nov 28th 1875

James A Steuart M. D.
~~Undertaker~~

{*Undertaker,* I. I. Rodemeyer / *Place of Business,* Green Mt Ave Most} Address Commiss of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Information Thomas Connelly Son of deceased

No. 6661

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6661

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 26 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 25th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Jackson

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 32 *Years,* *Months,* *Days.*

Color, Colored *Sex,* Female

~~Married,~~ *Single,* ~~Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Servant

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 10 years

Place of Death, {Give street and number.} 10 E Pleasant St.

Cause of Death, {First (Primary,) Pulmonary Consumption

Second (Immediate.) a Hemmorhage

Duration of Last Sickness, 1 year

All the above information should be furnished by the Physician.

Place of Burial, Mount Auburn Cemetery

Date of Burial, Nov 26 75

Undertaker, Samuel W. Chase

Place of Business, 188 S. Howard st

H. Keller M. D.

Medical Attendant.

Address 89 N. Gaven St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 666

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6662

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 26 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 25th 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Abraham Palmer

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 22 *Years,* 10 *Months,* *Days.*

Color, Black. *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Virginia.

Duration of Residence in the City of Baltimore, 11 years.

Place of Death, {Give street and number.} 35 Burgundy Alley

Cause of Death, First (Primary,) Scrofulous Intermission.

Second (Immediate,)

Duration of Last Sickness, 10 Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Nov 26 1875

Undertaker, H. M. Colgate

Place of Business, No 192 Hanover

J. H. White M. D.
Medical Attendant.

Address Balt. Station Dispensary

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 676

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6663,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 26 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, ~~Short~~ 26th Nov. 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Ward

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 67 *Years,* — *Months,* — *Days.*

Color, White ~~Sex,~~

~~Married, Single,~~ *Widow* ~~or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Talbot Co. Md

Duration of Residence in the City of Baltimore, 14 months

Place of Death, {Give street and number.} 157 Bank St.

Cause of Death, {First (Primary,) Organic Disease Heart
Second (Immediate,)

Duration of Last Sickness, two weeks.

All the above information should be furnished by the Physician.

Place of Burial, Fair Haven Md

Date of Burial, Nov 28 1875

{*Undertaker,* M. A. Daiger
Place of Business, Baltimore

Address 166 W. Fayette St.

D. W. Bingo *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

(Transit 274)

Keepers of Cemeteries in City of [illegible]

No. 611

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4664

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 26 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Novemb 26 / 75

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Fitz Rudolph Thomas

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 3 *Years,* Mos *Months,* *Days.*

Color, *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} No 5 Penn Ave Baltimore

Duration of Residence in the City of Baltimore, 3 yrs 9 mos

Place of Death, {Give street and number.} No. 5 Penn Ave Balto Md

Cause of Death, First (Primary,)

Second (Immediate,) Dis. Heart

Duration of Last Sickness, about 2 days

All the above Information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, Nov 26th 1875

Undertaker, James Doane

Place of Business, Balto St

J H Patterson M. D.
Medical Attendant.

Address 23 Franklin st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. [illegible]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6663

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 27 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, November 25. 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jesse Miller

~~Sex.~~ *Male or* ~~*Female*~~, {Cross out the word not required in this line.} Male

Age, 66 *Years,* *Months,* *Days.*

Color, White — *Sex,*

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.} Married

Occupation, Carpenter + Builder

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Carroll Co

Duration of Residence in the City of Baltimore, 40 Years

Place of Death, {Give street and number.} 231 Saratoga

Cause of Death, {First (Primary,) Myelitis, Second (Immediate,) Exhaustion

Duration of Last Sickness, 8 weeks

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cem W. McKenf M. D.

Date of Burial, November 28th Medical Attendant.

{*Undertaker,* J.B. Blackiston & Son *Address* 55 N Green St.
{*Place of Business,* 606 W. Balt. St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Keepers of Cemeteries in City of Baltimore will

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6666

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 27 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 26th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Geo & Annie Husband (Parents

Sex, Male ~~or Female~~, {Cross out the word not required in this line,}

Age, ——— *Years,* ——— *Months,* 2 hours ~~Days.~~

Color, Blk

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 176 Eastern ave

Cause of Death, {First (Primary.) / Second (Immediate.)} Asthenia

Duration of Last Sickness,

All the above Information should be furnished by the Physician.

Place of Burial, E. Potters Field

Date of Burial, Nov 27th 1875

Undertaker, W. Donovan

Place of Business, 148 S. Central Ave

James A Steuart M. D.

Address Commrs of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

Information by Leah Walker Midwife

No. [illegible]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6667.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 27 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov. 26th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Catharine Maier

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, Thirty two *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Seamstress

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, Twenty years

Place of Death, {Give street and number.} East & Gay Sts.

Cause of Death, First (Primary,) Severe Cold

Second (Immediate,) Pleuro — pneumonia

Duration of Last Sickness, About one month

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, Nov 28/75

Undertaker, [illegible]

Place of Business, 126 E Fayette

Milton A Taylor M. D.
Medical Attendant.

Address 100 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

OVER.

K · S · A F E T Y

No.

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6668.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 27 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Nov 23 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Martha Dorsey - (Mother)

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ~~Years,~~ 2 *Months,* 3 *Days.*

Color, Blk

~~Married,~~ *Single,* ~~Widow or Widower.~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 181 Sharp Street

Cause of Death, {First (Primary,) Artificial ~~Nursing~~ - (Farmed out)
{Second (Immediate,) Marasmus

Duration of Last Sickness, all its life delicate

All the above information should be furnished by the Physician

Place of Burial, W. Potters Field

Date of Burial, Nov 27 1875

{*Undertaker,* M. H. C. Perry
{*Place of Business,* 448 W. Pratt St

James Stewart M. D.
~~Clerk of Commissioners~~

Address Comm'r of Health
& Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of Illegitimate children.

[OVER.]

Information by Martha Dorsey Mother

No. 6607

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6669

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 27 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, November 26th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Martha Elizabeth Moore

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, About 34 *Years,* *Months,* *Days.*

Color, Dark *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Housewife

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, All Life

Place of Death, {Give street and number.} No. 123 Paul St.

Cause of Death, First (Primary,) Pulmonary Tuberculosis

Second (Immediate,) Exhaustion Consumption

Duration of Last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Nov 28th 1875

Undertaker, Wm Sams Gray

Place of Business, 65 Mulberry St

Eugene F. Cordell M. D.
Medical Attendant.

Address 55 Lexington St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 6670

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6670

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 27 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 26th. 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Harry A. Lovgood

Sex, Male or Female, {Cross out the word not required in this line.}

Age, One year *Years,* *Months,* two *Days.*

Color, Black *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} No. 25 Oxford St. Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} No. 25 Oxford St. Baltimore

Cause of Death, First (Primary,) Brain fever

Second (Immediate,)

Duration of Last Sickness, Four weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Nov 27th 1875

Undertaker, Wm Pimes Son

Place of Business, 65 Mulberry St

L. K. Merrick **M. D.**
Medical Attendant.

Address 131 N. Biddle St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6671

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 27 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 26th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Ann Price

Sex, Male or Female, {Cross out the word not required in this line.}

Age, about 55? *Years,* *Months,* *Days.*

Color, Black *Sex,* Female

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Servant

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Unknown

Duration of Residence in the City of Baltimore, 5 Yrs

Place of Death, {Give street and number.} 78 Orchard St

Cause of Death, {First (Primary,) Phthisis Pulm

{Second (Immediate.) several months

Duration of Last Sickness, Nurse did not know exact time

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery *R. Winslow* M. D.

Medical Attendant.

Date of Burial, Nov 28th 1875

{*Undertaker,* John C Jones *Address* 23 McCulloh St

{*Place of Business,* 1062 Park Av

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Keepers of Cem... No. 6

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6672,

The Physician who attended any person in a last Illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 27 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov^r 27th 1 A.M.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Catherine Müller

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ~~X~~ 68 yrs. *Years,* *Months,* *Days.*

Color, White *Sex,* Female

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} St. Joseph's Hospital Cor. Caroline & Eastern

Cause of Death, First (Primary,) Pneumonia

Second (Immediate,) Asthenia

Duration of Last Sickness, About 10 days.

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem.

Date of Burial, 29 November 1875

Undertaker, Chas. Hook

Place of Business, 319 Eutaw St

Oscar J. Cookery M. D.
Medical Attendant.
No. 34 E. Lexington St. M. D.
Residence
Address St. Joseph's Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 676

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11673.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 27 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 26th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} C. C. Pape

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 45 *Years,* — *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Musician

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Western Police Station

Cause of Death, {First (Primary,) congestive chills

Second (Immediate,) Incarceration

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Balto. Cemetery Dr J. A. Gilliss M. D.

Date of Burial, Nov 27 Medical Attendant.

{*Undertaker,* Wm. J Ficknor

{*Place of Business,* 65 S. Eutaw st *Address* 23 N Green st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6674

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 27 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 26th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Robt Cameron

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 36 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Seaman

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Scotland

Duration of Residence in the City of Baltimore, 3 weeks

Place of Death, {Give street and number.} Univ Hospital Lombard & Greene

Cause of Death, First (Primary,) Bright's Dis,

Second (Immediate,) Asthenia

Duration of Last Sickness, 21 days

All the above information should be furnished by the Physician.

Place of Burial, St. Peters R. Catholic *T. A Ashby* M. D.

Date of Burial, Nov. 27th 1875 Medical Attendant.

Undertaker, Adam Weidemeyer *Address* Univ Hospital,

Place of Business, 518½ W. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 11

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6675

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 27 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, November 26th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Dixon

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Two *Years,* Six *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Middle River

Duration of Residence in the City of Baltimore, One Year

Place of Death, {Give street and number.} No 61 Union St.

Cause of Death, {First (Primary,) Scrofula / Second (Immediate,)

Duration of Last Sickness, One Month

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetary No. 8 Penna

Date of Burial, Nov 29th 1875

M. D.
Medical Attendant.

Undertaker, Edward Lutz

Place of Business, 118 Druid Hill Ave *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 661

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6676

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 27 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November. 26th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Earline J. Moenich

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 2. *Years,* 9 *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Northeast Corner of Ridgely st

Cause of Death, First (Primary,) Gastritis

Second (Immediate,) Spasm

Duration of Last Sickness, 14 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, November 27th

Undertaker, Philip J. Dill

Place of Business, No. 183 Columbia Av

D. L. Buddelohn M. D.

Medical Attendant.

Address 106. Columbia Av

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No.

The Special Attention of Physicians is respectfully invited to the remarks below. and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4679

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 27 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 26th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Michael Kane

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 23 *Years,* *Months,* *Days.*

Color, W *Sex,*

~~*Married*~~, *Single*, *Widow or Widower*, {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland — Four Years

Duration of Residence in the City of Baltimore, Four Years

Place of Death, {Give street and number.} ~~Ground~~ Union Dock

Cause of Death, First (Primary,) Drowned

Second (Immediate,) asphyxia —

Duration of Last Sickness, Sudden Death

All the above information should be furnished by the Physician.

Place of Burial, St. Peters

Date of Burial, Nov 28th 1875

Chas M Moffit M. D.
Coroner Medical Attendant

Undertaker, Julius Kochler *Address* 84 East Baltimore St

Place of Business, cor Sharp & Cross sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 16781

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 27 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 27

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John H. Fletcher

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 1 *Months,* 10 *Days.*

Color, Black *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 240 Wilk st

Cause of Death, {First (Primary,) / Second (Immediate,)} Congestion of the Brain

Duration of Last Sickness, 3 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Nov 27 75

Undertaker, Samuel W Chase

Place of Business 195 S Howard st

Thirdon Pitts M. D.
Medical Attendant.

Address 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

No.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6679

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 27 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov. 27th 75

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Michael Wall

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 3 *Years,* 1 *Months,* *Days.*

Color, white *Sex,*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Balto.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and number. } 65 McKim st

Cause of Death, { First (Primary,) Scarlet fever

Second (Immediate,) 3 days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Vincents Cemetery

Date of Burial, Nov 28 1875

{ *Undertaker,* James V Byrne

Place of Business, 111 & 113 N Gay st

Jno Burke Boyle M. D.

Medical Attendant.

Address 174 Eutaw st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6480

The Physician who attended any person in s last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 27 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 25th 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles Myers

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 19 *Years,* — *Months,* — *Days.*

Color, Col *Sex,* Male

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Labourer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Howard Co Md

Duration of Residence in the City of Baltimore, 4 Months

Place of Death, {Give street and number.} 84 St Mary's St

Cause of Death, First (Primary,) D

Second (Immediate,) Pneumonia

Duration of Last Sickness, two Weeks

(All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Nov 28 - 1875

Undertaker, John C Jordan

Place of Business, 63 Park Ave

John D Pennington M. D.
Medical Attendant.

Address 210 Franklin St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of Births and deaths of illegitimate children.

[OVER.

No.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6681

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 27 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 26

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ellen Fahey

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 28 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 23 years

Place of Death, {Give street and number.} Vine Street

Cause of Death, {First (Primary,) Chronic Hepatitis

{Second (Immediate,)

Duration of Last Sickness, Some Months

All the above information should be furnished by the Physician.

Place of Burial, H. Plus Cemetery Chas A Dorsey M. D.

Date of Burial, 28th of Nov. Medical Attendant.

{*Undertaker,* P. Kimmel.

{*Place of Business,* 311 Battery St. *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this

Board of Health, City of Baltimore;

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6682

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 27 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Nov: 26th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Paul D. Placidi

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, 42 *Years,* 1 *Months,* 22 *Days.*

Color, White *Sex,* male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Cooper

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore, Life.

Place of Death, {Give street and number.} 59 E. Pratt St.

Cause of Death, First (Primary,) Consumption

Second (Immediate,) "

Duration of Last Sickness, about 2 years

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, 29th Nov: 1875

T. F. Donaldson M. D.
Medical Attendant.

Undertaker, J. Kenny

Place of Business, Mulberry & Eutaw Sts *Address* 108 Park St Balto.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11683

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 27 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 27th 6½ P.M.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ino Daiger

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 63 *Years,* *Months,* *Days.*

Color, W *Sex,*

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, ~~Miner~~ Butcher

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Last 3 mos.

Place of Death, {Give street and number.} St. Jos. Hospital (Dr Gualins & Hoffmans

Cause of Death, First (Primary,) Apoplexy

Second (Immediate,) Coma

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, ~~Old Catholic burial ground~~

Date of Burial, Nov. 29. 1875

Undertaker, M. A. Daiger

Place of Business, 74 S. Broadway

J. H. Cook M. D.
Medical Attendant.

Address 188 N. Eden St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of t...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6684

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 27 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 27th Stillinds

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James L Furlong.

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, 6 4/12 *Years,* 4 *Months,* — *Days.*

Color, White *Sex,* Male

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.} Married

Occupation, Car. Tender

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Sixty three years

Place of Death, {Give street and number.} 2 2 N. Eutaw

Cause of Death, First (Primary,) Catarrh -

Second (Immediate,) Pleuro Pneumonia

Duration of Last Sickness, Six days

All the above Information should be furnished by the Physician.

Place of Burial, Bath Cemetery

Date of Burial, Nov 29th 1875

Edward L. Travis M. D.
Medical Attendant.

Undertaker, Jacob Weaver

Place of Business, No 440 Druid Hill Avenue *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under hi notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

No.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of t

Board of Health, City of Baltimore,

Permit No. 6685

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 27 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov. 26th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Parr

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 56 *Years,* *Months,* *Days.*

Color, Blk *Sex,* F

~~*Married*~~, ~~*Single*~~, *Widow or* ~~*Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Md. Anderson

Duration of Residence in the City of Baltimore, 8 yrs.

Place of Death, {Give street and number.} 212 Aisquith St.

Cause of Death, First (Primary,) Spasm Stomach.

Second (Immediate,) Chronic

Duration of Last Sickness, 2 Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery J. G. Hutchins, M. D.

Date of Burial, November 28 ~~Medical Attendant~~

Undertaker, J B Cook

Place of Business, 707 West Baltimore *Address* 39 & 41 Fayette East

St City.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT RECEIVED NOV 27 1875 REGISTRAR'S OFFICE BALTIMORE

Permit No. 4686

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 27th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Robert N. Wright,

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 37 *Years,* 2 *Months,* — *Days.*

Color, Wh — *Sex,* Male

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Police officer. Southern District

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 228 Light St.

Cause of Death, {First (Primary,) / Second (Immediate,)} Pneumonia

Duration of Last Sickness, 1 Month.

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Monday Nov 29th

{*Undertaker,* H. W. Perkins & Son

{*Place of Business,* 16 Light st *Address* 158 S. Sharp St

R. J. N. Tall M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6687.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 22 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov. 27th 75

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Josie Walls

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 16 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 65 McKim st.

Cause of Death, First (Primary,) Scarlet fever

Second (Immediate,)

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, St Vincents Cem Jno. Brooke Boyle M. D.

Date of Burial, Nov 28 1875 Medical Attendant.

Undertaker, Las M Byrne Address 174 E Eager st.

Place of Business, 63 n Front st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Cer...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6688

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERT...

CERTIFICATE OF DEATH.

Date of Death, Nov 27th

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents } Pat Hannaway

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 50 *Years,* 2 *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, ~~Widow, Widower~~, { Cross out the words not required in this line. }

Occupation, Laborer

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Ireland

Duration of Residence in the City of Baltimore, 30 years

Place of Death, { Give street and number. } 215 Front

Cause of Death, { First (Primary,) Phthisis Pulmonalis. / Second (Immediate,) }

Duration of Last Sickness, 9 months

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Geo L Reynolds M. D.

Date of Burial, Nov 29 1875 Medical Attendant.

Undertaker, Jas M Byrne *Address* 84 W ~~Gilbert~~

Place of Business, 63 N Front st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to list of Diseases on back of

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6689

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 23 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 25th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Nelson Avery

Sex, Male, ~~or Female,~~ {Cross out the word not required in this line.}

Age, 55 *Years,* *Months,* *Days.*

Color, White *Sex,* male

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Seaman

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Long Island

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Baltimore Infirmary

Cause of Death, First (Primary,)

Second (Immediate,) Nervous debility

Duration of Last Sickness, Eight days.

All the above information should be furnished by the Physician.

Place of Burial, Long Island N.Y. *R. B. Morrison* M. D.

Date of Burial, Nov 28th 1875 Medical Attendant.

Undertaker, Thos. S. Hughes *Address* Baltimore Infirmary

Place of Business, 60 E. Balto St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

(Transit 275.)

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of th... No.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6690

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT NOV 29 1875 BALTIMORE.

Date of Death, ...

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} ...

Sex, Male or Female, {Cross out the word not required in this line.} ...

Age, ... *Years,* ... *Months,* ... *Days.*

Color, ... *Sex,* ...

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ...

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.} ...

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number.} ...

Cause of Death, { First (Primary,) ... Second (Immediate,) ...

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, ...

Date of Burial, ... *M. D.*

Medical Attendant.

Undertaker, ...

Place of Business, ... *Address* ...

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6691

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 29 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 27th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Martin Green

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 30 *Years,* *Months,* *Days.*

Color, White *Sex,* male

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Stevedore

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 200 S. Bethel st

Cause of Death, First (Primary,) Casualty

Second (Immediate,) Concussion of the brain.

Duration of Last Sickness, 12 hours.

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsis Cemetary

Date of Burial, November 28th 1875

Undertaker, H. Hochlich

Place of Business, 246 Eastern Av

A. H. Erich M. D.
Medical Attendant.

Address 94 S. Broadway.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No.

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6692

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT NOV 29 1875 BALTIMORE

Date of Death, Nov 28 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mrs Virginia L. Holmes

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 37 *Years,* ——— *Months,* ——— *Days.*

Color, White

Married, ~~Single, Widow or Widower~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 297 Lexington St

Cause of Death, {First (Primary.) / Second (Immediate.)} Ascites

Duration of Last Sickness,

All the above information should be furnished by the Physician

Place of Burial, Loudon Park

Date of Burial, Nov 28 1875

James Armitage M. D.
Medical Attendant.

Undertaker, C. H. Blizzard — In Clerk

Place of Business, 187 Lanvale St Address 14 N. Paca St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of Illegitimate children.

This Certificate was written out and signed by Dr Armitage on a sheet of plain paper and transferred by me to this Form [OVER.]

No. 6693

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6693

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 24. Nov. 78.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Heinrich Frank

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 6 *Years,* 11 *Months,* ____ *Days.*

Color, white *Sex,* male

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 129 Canalith

Cause of Death, { First (Primary,) / Second (Immediate,) } Scarlatina

Duration of Last Sickness, ab. 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemt. C. Hoffman M. D.

Date of Burial, Nov. 29. 1878. Medical Attendant.

Undertaker, H. Hofmann. *Address* 5th. Ward Balto.

Place of Business, 63. N. Eden St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. [illegible]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6694

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 29 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 27, 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Samuel W. Keefer

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, *Years,* 41 *Months,* 21 *Days.*

Color, White ~~Sex,~~

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 309 E. Biddle St

Cause of Death, {First (Primary,) / Second (Immediate,)} Cerebral Congestion / Two days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, Nov 29th 1875

Undertaker, Henry W. Mears

Place of Business, 45 N Gay St

Thomas Shearer M. D.
Medical Attendant.

Address 99 N. Charles St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1196

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT NOV 29 1875 BALTIMORE

Date of Death, Nov 28th 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mrs E H Burroughs

Sex, ~~Male or~~ *Female,* { Cross out the word not required in this line. }

Age, 53 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, ~~*Single, Widow or Widower*~~ { Cross out the words not required in this line. }

Occupation, —

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Virginia

Duration of Residence in the City of Baltimore, 2 Years

Place of Death, { Give street and number. } 40 W. Fayette

Cause of Death, { First (Primary,) Phthisis Pulmonalis
Second (Immediate,) }

Duration of Last Sickness, 10 Months

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Nov 29th 1875

{ *Undertaker,* Henry H. Mears
Place of Business, 45 N Gay St. } *Address* 34 N. Calvert

Geo. Reynolds M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 6696

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6696

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 25 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 27 Nober. 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Arthur Clemm

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 4 *Years,* 6 *Months,* *Days.*

Color, white *Sex,* male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 254 Patterson Ave (N.)

Cause of Death, First (Primary,) 3 Scarlatina

Second (Immediate,)

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Novem 30 1875

C. Hoffmann M. D.
Medical Attendant.

Undertaker, Henry Steed Address 57 Higgins

Place of Business, 304 Central Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children."

[OVER.

No. 6697

The Special Attention of Physicians is respectfully invited to the remarks below. and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6697

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 29 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Nov 27th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Peter a Kelly

~~Sex, Male or Female,~~ {Cross out the word not required in this line.}

Age, 60 *Years,* *Months,* *Days.*

Color, W *Sex,*

~~Married, Single, Widow or~~ Widower, {Cross out the words not required in this line.}

Occupation, Gentleman

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland, 56 Yrs

Duration of Residence in the City of Baltimore, 51 Yrs

Place of Death, {Give street and number.} 13 Barnums Hotel

Cause of Death, First (Primary,) Heart Disease

Second (Immediate,) ~~Apoplexy~~

Duration of Last Sickness, Sudden Death

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral Country

Date of Burial, 29th Nov 1875

Undertaker, Hyatt Jenkins & Son

Place of Business, 16 Light St

Chas M. Morfit M. D.
Coroner ~~Medical Assistant~~

Address St & Balt St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 6695

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6698

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 29 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 27

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary J. Harris

Sex, Male or Female, {Cross out the word not required in this line.} ~~Male~~ Female

Age, 45 *Years,* 6 *Months,* *Days.*

Color, Black *Sex,* female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ~~Married~~ ~~Single~~ Widow

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 4 months

Place of Death, {Give street and number.} 117 Elbow Lane

Cause of Death, {First (Primary,) Phthis Pulmonalis

{Second (Immediate,)

Duration of Last Sickness, 4 months

All the above information should be furnished by the Physician.

Place of Burial, Elkridge Landing B. C. *Ellis Mikeal* M. D.

Medical Attendant.

Date of Burial, Nov 29th 1875

{*Undertaker,* John L Mackie

{*Place of Business,* No 150 Camden *Address* 68 Conway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 6699

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6699.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 29 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Two twins, born at 6 month, ~~at~~ Nov. 28, 1875,

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } & lived only one hour.

Sex, Male ~~or Female,~~ { Cross out the word not required in this line. } males } Marg't & S. P. Spicers

Age, ——— *Years,* ——— *Months,* One hour ~~Days.~~

Color, white *Sex,* male

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } No. 763 Mad. Ave.

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 763 Madison Ave

Cause of Death, { First (Primary,) Premature born.
{ Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, November 29th 1875

W. T. Howard M. D.
Medical Attendant.

{ *Undertaker,* Jacob Weaver
{ *Place of Business,* No 496 Druid Hill Ave *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No.

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6700

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 28th 1875 (Twins)

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} S. P. Spears, Margarita B. Spears Parents

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* one hour ~~Days.~~

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth)} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 763 Madison Ave

Cause of Death, {First (Primary,) / Second (Immediate,)} Premature Birth —

Duration of Last Sickness, ———

All the above information should be furnished by the Physician

Place of Burial, Mount Olivet Cemetery

Date of Burial, Nov. 29 1875 W. T. Howard M. D

Undertaker, Jacob Frame

Place of Business, 476 Druid Hill Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4701

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTRAR'S OFFICE NOV 29 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 27th 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } David Wallace

Sex, Male or ~~Female,~~ { Cross out the word not required in this line. }

Age, 4 *Years,* ——— *Months,* 10 *Days.*

Color, Colored *Sex,* Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore City Md.

Duration of Residence in the City of Baltimore, 4 years & 10 days

Place of Death, { Give street and number. } 176 Dover St. Balto. Md.

Cause of Death, { First (Primary,) Phthisis Pulmonalis

{ Second (Immediate,) Abscess of Lung

Duration of Last Sickness, 9 weeks

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet Cemetery

Date of Burial, Nov 28th 1875

Undertaker, Samuel W. Chase

Place of Business, 191 S. Howard st *Address* 67 Park Ave

B. Whiting, *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

No. 2102

Board of Health, City of Baltimore,

Permit No. 6702

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 27th 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie Jackson,

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 30 *Years,* *Months,* *Days.*

Color, Colored *Sex,* Female

Married, ~~Single, Widow or Widower.~~ {Cross out the words not required in this line.}

Occupation, Housekeeper

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Dorchester Co. Md.

Duration of Residence in the City of Baltimore, Fifteen years.

Place of Death, {Give street and number.} 53 S. Broadway Alley.

Cause of Death, First (Primary,) Phthisis Pneumonalis

Second (Immediate,) Exhaustion

Duration of Last Sickness, Three months.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Nov 29 1875

Undertaker, D. P. Chase

Place of Business, No 195 Aliceand *Address* Baltimore, Md.

G. Wilmerle Keek M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

FETY FILM

No.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4703

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 22 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov ~~22~~ 28th 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Sarah Orr McElvaine

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, 43 *Years,* 2 *Months,* *Days.*

Color, White *Sex,*

Married, ~~Single, Widow or Widower~~, { Cross out the words not required in this line. }

Occupation, Grocer & Merchant

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Ireland

Duration of Residence in the City of Baltimore, about 24 years

Place of Death, { Give street and number. } 85 Bolton St

Cause of Death, { First (Primary,) / Second (Immediate,) } Consumption

Duration of Last Sickness, about a year

All the above information should be furnished by the Physician.

Place of Burial, Balto. County. J. C. Williams M. D.

Date of Burial, Tuesday Nov. 30th Medical Attendant.

Undertaker, Ag't Jos. Knies & Son. *Address* 201 Madison Ave

Place of Business, 16 Light st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

KODAK S·A

No. [illegible]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6704

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 29 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 28

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Alphonso Downey

~~Sex~~, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 11 *Years,* 11 *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 133 W Madison St

Cause of Death, First (Primary,) Diphtheritic Croup

Second (Immediate,)

Duration of Last Sickness, About 1 from Aug 1

All the above information should be furnished by the Physician.

Place of Burial, Green Mt

Date of Burial, Nov 29th

Chas A Doremus M. D.
Medical Attendant.

Undertaker, Joseph F Byrne *Address*

Place of Business, 8 & 9 N Liberty

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseas[illegible] of this Certificate.

Board of Health, City of Baltimor[illegible]

OFFICE OF REGISTRAR OF [illegible] STATISTICS.

Permit No. 1705.

The Physician who attended any person in a last illness is responsible for the presentation of this [illegible]rtificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the [illegible] of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
NOV
29
1875
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 27th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henry C. Parsons

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 21 *Years,* 8 *Months,* 17 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Cigar Maker

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto, Md.

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 18 S. Bond St.

Cause of Death, First (Primary,) Typhoid Fever

Second (Immediate,)

Duration of Last Sickness, Attended by me Since Thursday 25th

All the above information should be furnished by the Physicians

Place of Burial, ~~Balto. Cemetery~~

Date of Burial, Nov. 29th 1875

James E. Donnell M. D.
Medical Attendant.

Undertaker, Matthias A. Dauger

Place of Business, 74 S. Broadway

Address 299 E. Balt St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

No. 6706

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6706

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 29 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 27th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mich! Cosgrove

~~*Sex, Male or Female,*~~ {Cross out the word not required in this line.}

Age, 45 *Years,* *Months.* *Days.*

Color, white *Sex,*

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Mehlek County Galway Ireland

Duration of Residence in the City of Baltimore. 24 yrs.

Place of Death, {Give street and number.} 291 Aliceanna

Cause of Death, First (Primary,)

Second (Immediate,) Consumption

Duration of Last Sickness, 6 mos,

All the above information should be furnished by the Physician.

Place of Burial, St. Patricks Cem.

Date of Burial, Nov. 29, 1875

Undertaker, Mathias McDaniel

Place of Business, 74 S. Broadway

R. W. Mansfield M. D.
Medical Attendant.

Address 117 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6707

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 29 1895 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, November 28th 1895

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Alexander B. Tilson

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, 19 *Years,* ——— *Months,* ——— *Days.*

Color, White *Sex,* male

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, none

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, ———

Place of Death, {Give street and number.} 118 N. Bond St

Cause of Death, First (Primary,) ———

Second (Immediate,) Heart Disease

Duration of Last Sickness, Unknown. Was Boy was an Inmate of Blind Boys

All the above Information should be furnished by the Physician.

Place of Burial, Bolto Cemetery

Date of Burial, Nov 29th 1895

Undertaker, Thos F Hughes

Place of Business, 60 E Balto

E E Shreve M. D.
Medical Attendant.

Address 137 Orleans St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 8700

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1708

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 29 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Nov 27 ct

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mary Jones

Sex, ~~Male~~ *Female,* { Cross out the word not required in this line. }

Age, About 60 *Years,* *Months,* *Days.*

Color, Black *Sex,* Female

~~*Married, Single,*~~ *Widow or* ~~*Widower,*~~ { Cross out the words not required in this line. }

Occupation, Waiter

Birthplace, { State or country (and how long in the United States, if of foreign birth. } St Marys Co. Md

Duration of Residence in the City of Baltimore, about 10 years

Place of Death, { Give street and number. } No 56 Union St

Cause of Death, { First (Primary,) Osteocephaloma of Second (Immediate,) Chamber of Hightmore.

Duration of Last Sickness, four months

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral

Date of Burial, Nov 29 - 3 P.M. J. Chapman M. D. Medical Attendant

Undertaker, Jno. B. Jordan

Place of Business, Park St 63 Address 931 McCulloh St City

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

No. 6709

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6709

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 29 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, November 28th 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Ziegler

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Forty two *Years,* ——— *Months,* ——— *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line} married

Occupation, Shoemaker -

Birthplace, {State or country (and how long in the United States, if of foreign birth} Germany

Duration of Residence in the City of Baltimore. 9 years — 4

Place of Death, {Give street and number.} Strivril-Ho 32 house from Kiel

Cause of Death, {First (Primary,) Intermittent fever

{Second (Immediate,) Abscesses —

Duration of Last Sickness, 6 months —

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, Nov 29th 1875

M. D.
Medical Attendant.

Undertaker, Julius Koehler

Place of Business, Address 802 Sharp & Cross st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 6710

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6710

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 29 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 27th "

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Clarence Eugene

Sex, ~~*Male or*~~ *Female,* { Cross out the word not required in this line. }

Age, ——— *Years,* Three *Months,* ——— *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } Protestant Infant Asylum

Cause of Death, { First (Primary,) Cholera Infantum

Second (Immediate,)

Duration of Last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, Nov 29.

Undertaker, C H Blizzard

Place of Business, 187 Lanvale St Address

Elliot C. Price M. D.
Medical Attendant.
Signed for Dr Latamer

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6711

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 27th 1875.

NOV 29 1875 HEALTH DEPARTMENT BALTIMORE

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Mrs Sarah Ann Miles

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 64 *Years,* *Months,* *Days.*

Color, White *Sex,* ...

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation, Non

Birthplace, {State of country (and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, 5 mo

Place of Death, {Give street and number.} 169 Aisquith St

Cause of Death, First (Primary,) Rheumatism

Second (Immediate,) Hydrops Cardiacus

Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, St. James Bible Co

Date of Burial, Nov 30th

P. J. Miles *M. D.*
Medical Attendant.

Undertaker, Geo. Schilling

Place of Business, Address cor Aisquith & Monument st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

(Transit 276).

No. 6712

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6712,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 29 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Nov 29th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Herman Schneider

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 11 *Months,* 15 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Philadelphia

Duration of Residence in the City of Baltimore, one year

Place of Death, {Give street and number.} Paca St 2nd door below Cross St

Cause of Death, First (Primary,)

Second (Immediate,) Membranous Croup

Duration of Last Sickness, about 2 weeks. I only saw the child once.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore, Cemetery

Date of Burial, 29th inst Paca St

J. C. Burch M. D.
Medical Attendant.

Undertaker, T. Burke

Place of Business, 425 Cross street

Address 141 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6713,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT NOV 29 1875 BALTIMORE

Date of Death, Nov 27 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Lewis Jones

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, Years, 1 Months, 4 Days.

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth)} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} Castle alley between Gough & Bank Sts

Cause of Death, {First (Primary.) Ill formed

{Second (Immediate.) Marasmus

Duration of Last Sickness, all its Life

All the above information should be furnished by the Physician

Place of Burial, Dallas St Cemetery James H Stuart M. D.

Date of Burial, Nov 29 '75

Undertaker, John W Locke

Place of Business, 595 S. Wolf St Address Commrs of Health

The Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information given by John W. Locke Undertaker

[OVER.]

No. 6714

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6714

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT NOV 29 1875 BALTIMORE

Date of Death, November 28th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Richard Bryan

Sex, Male ~~or Female~~, {Cross out the word not required in this line,} Male

Age, Years, One Months, 21 Days.

Color, (Colored)

~~Married, Single, Widow, Widower~~, {Cross out the word is not required in this line.}

~~Occupation~~,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} No 43 South Hoff St

Cause of Death, {First (Primary,) Trismus Nascentium

{Second (Immediate,)

Duration of Last Sickness, Four days

All the above information should be furnished by the Physician

Place of Burial, Dallas St Cemetery

Date of Burial, November 29th 1875

{*Undertaker,* John H. Locks

{*Place of Business,* No 59 S. Hoff St

Thomas D. Evans. M. D
Medical Attendant.

Address No 18 Jackson Square

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4715

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT NOV 29 1875 BALTIMORE.

Date of Death, Nov 29th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Harper

Sex, Male ~~Female~~, {Cross out the word not required in this line.}

Age, ——— *Years,* 3 *Months,* 1 *Days.*

Color, Black

~~*Married, Single,*~~ ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 44 Patapsco Ave

Cause of Death, {First (Primary,) / Second (Immediate,)} Catarrh in head

Duration of Last Sickness, 7 Weeks

All the above information should be furnished by the Physician

Place of Burial, Laurel Cemetery

Date of Burial, Nov 30th 1875

Undertaker, Wm N. Bruce

Place of Business, East St

Jamus Stewart M. D.
Attending Physician.

Address Commiss of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Information by James Harper Father

No. 6716

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6716

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 29 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Nov 27 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Mathias Howard

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, Sixty-three *Years,* nine *Months,* Eighteen *Days.*

Color, White *Sex,* Male

~~Married, Single, Widow~~ *Widower,* {Cross out the words not required in this line.}

Occupation, Farmer Waiter

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Washington D C

Duration of Residence in the City of Baltimore, Thirty Years

Place of Death, {Give street and number.} 146 Germain St

Cause of Death, First (Primary,) ///

Second (Immediate,) Pneumonia

Duration of Last Sickness, 3 days under my charge

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery W^m Connell M. D.

Date of Burial, Nov 29th 1875 Medical Attendant.

Undertaker, Joseph F Byrne

Place of Business, 59 N Liberty *Address* 28 South Gum St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 1171

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 17171

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT NOV 23 1875 BALTIMORE.

Date of Death, Nov 29th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George Stark

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 26 *Years,* *Months,* *Days.*

Color, W *Sex,*

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Tailor

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 2 2y 2r

Place of Death, {Give street and number.} St. Joseph's Hosp. Cor. Carolina & Eastern

Cause of Death, {First (Primary,) Tuberculosis / Second (Immediate,) Exhaustion

Duration of Last Sickness, Eighteen Months

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cemetery Oscar J. Cookey M. D.

Date of Burial, Nov 30 1875 Medical Attendant.

Undertaker, Henry Hook M. F. Lockwood Jr. M. D.

Place of Business, 304 Central Ave *Address* St. Paul, Nr!

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 6718

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6718

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 29 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov. 29th Monday

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Louisa Johnson

~~*Sex, Male*~~ *or Female,* { Cross out the word not required in this line. }

Age, — *Years,* — *Months,* 8 *Days.*

Color, Colored *Sex,* Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } No 10 Holliday St

Cause of Death, { First (Primary,) Tubercular Meningitis / Second (Immediate,) Inanition

Duration of Last Sickness, 3 or 4 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel cemetery

Date of Burial, Nov 30

{ *Undertaker,* Jas H Davis / *Place of Business,* No 12 Saratoga St

C C Peter M. D.
Medical Attendant.

Address 57 N. Calvert St Baltimore Md

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. ....

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6719

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Baltimore November 27th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Willy Minor Johns

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Thirty *Years,* ..... *Months,* ..... *Days.*

Color, Colored

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} Single

Occupation, Chambermaid

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Dorchester Co Maryland

Duration of Residence in the City of Baltimore. Thirteen Years

Place of Death, {Give street and number.} No 63 Wilkens ave

Cause of Death, {First (Primary,) Phthisis and Hydrothorax

Second (Immediate,) .....

Duration of Last Sickness, Twenty one days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Nov 29th 75

Undertaker, John B Williams

Place of Business, 107 Lee st

L. D. Dyer M. D.
Medical Attendant.

Address No 146, Hill St
Baltimore Md

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. [illegible]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certi[illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6721

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 29 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 29th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Miss Eliza M. Rockford

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 29 *Years,* *Months,* *Days.*

Color, White *Sex,* —

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto —

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 367 Druid Hill Ave —

Cause of Death, {First (Primary,) Pulmonary Consumption

Second (Immediate.)

Duration of Last Sickness, 18 months —

All the above Information should be furnished by the Physician.

Place of Burial, New Meth. Cem. Edwd F. Michaelson M. D.

Date of Burial, Wednesday Dec 1st Medical Attendant.

Undertaker, Wyper Kinsman

Place of Business, 16 Light St. *Address* 279 W. Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. [illegible]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certi[illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6721

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 28th 73

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Francis I. Allen

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, —— *Years,* 9 *Months,* —— *Days.*

Color, Colored *Sex,* male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} single

Occupation, none

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt Md

Duration of Residence in the City of Baltimore, always

Place of Death, {Give street and number.} 25 S. Bethel st

Cause of Death, First (Primary,) malformation

Second (Immediate,) Convulsions

Duration of Last Sickness, 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, Dallas st Cemetery

Date of Burial, Nov 29 1873

{*Undertaker,* John W. Cook

{*Place of Business,* 58 South Wolf st

John A. Comer M. D.
Medical Attendant.

N. W. Cor Balt & Broadway

Address Balt Md

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certi

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6722

HEALTH DEPARTMENT NOV 29 1875 BALTIMORE.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 29th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Peter Becker

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, Thirty Five *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Clerk

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, Nine Months

Place of Death, {Give street and number.} # 195 Frederick Avenue

Cause of Death, {First (Primary,) Phlegmon

{Second (Immediate,)

Duration of Last Sickness, One Week

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Nov. 30th 1875

J. G. Knittleum M. D.
Medical Attendant.

{*Undertaker,* Jno P. Paulus

{*Place of Business,* 66 Fred'k Ave. *Address* # 534 W. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Ce

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1723

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 30 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov. 28th. 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Minnie Florence Parlett

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, ____ *Years,* 9 *Months,* 22 *Days.*

Color, White *Sex,* female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ____

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} Pratt Second & Mount

Cause of Death, First (Primary,) Tubercula Meningitis

Second (Immediate,) Effusion

Duration of Last Sickness, Ten days

All the above information should be furnished by the Physician.

Place of Burial, Mount Clare

Date of Burial, Nov 30th

Undertaker, Wm. M. Leonard

Place of Business, [illegible] Baltimore

John Self M. D.
Medical Attendant.

Address 558 W. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Cer

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 17214

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Nov 29th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Eliz Dorsey

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 60 *Years,* *Months,* *Days.*

Color, Black *Sex,*

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line} Married

Occupation, Cook

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 40 yrs

Place of Death, {Give street and number.} Hoffman St opp. Boston

Cause of Death, First (Primary,) Congestion of the Lungs

Second (Immediate,) Heart Disease Mitral Valves

Duration of Last Sickness, one Week, but only seen by me one hour before death

All the above Information should be furnished by the Physician.

Place of Burial, Green Mount *Medical Attendant.* William Lee M. D.

Date of Burial, Nov 30th 1875 Eutaw st

Undertaker, Wm Jas Gray Address Cor Hoffman

Place of Business, Mulberry St Rezin Buckler 135 N Charles st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1725

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 30 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov. 28 - 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Jane Biddle

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 42 *Years,* *Months,* *Days.*

Color, Black *Sex,* Female

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Harford Co. Md

Duration of Residence in the City of Baltimore, 30 years.

Place of Death, {Give street and number.} 524 Moores Alley

Cause of Death, {First (Primary,) Phthisis Pulmonalis

{Second (Immediate,) 4 Months

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Nov 30 1875

{*Undertaker,* D Witt & Mann

{*Place of Business,* 17 & 19 Hanover st

J. H. C. Cuddy, M. D.
Medical Attendant.

Address 363 Franklin St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 67

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this C

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6726

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT NOV 30 1875 BALTIMORE

Date of Death, Nov. 29, 75.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Bridget Kelly.

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 78. *Years,* " *Months,* " *Days.*

Color, White. *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Nurse.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland.

Duration of Residence in the City of Baltimore, 20 years

Place of Death, {Give street and number.} Washington University.

Cause of Death, {First (Primary,) Cancer of leg
Second (Immediate,) Exhaustion.

Duration of Last Sickness, two years. (2)

All the above information should be furnished by the Physician.

Place of Burial, St Vincents Cemetery

Date of Burial, Nov 30th 1875

M. D.
Medical Attendant.

Undertaker, H. C. Niedefeld

Place of Business, 1187½ N Calvert St

Address Washington University.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 07

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Ce

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1727

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 30 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 29th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Eugene S Duvall

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 2 1 *Years,* 2 *Months,* 7 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Driver

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto Md.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 411 Light St.

Cause of Death, First (Primary,) Typhoid Fever

Second (Immediate,)

Duration of Last Sickness, 14 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, 1st Dec 1875

J. E. Hannington M. D.
Medical Attendant.

Undertaker, Hy W Jenkins Son

Place of Business, 16 Light St Address 321 Light St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certi... No. ...

Board of Health, City of Baltimore,

Permit No. 6728

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 30 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 29th 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Bridget Kearney

Sex, ~~Male~~ *or Female,* { Cross out the word not required in this line. }

Age, 50 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, ~~Single, Widow or Widower,~~ { Cross out the words not required in this line. }

Occupation, House Keeper

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Ireland. 28 yrs. in U. S.

Duration of Residence in the City of Baltimore, 7 Yrs

Place of Death, { Give street and number. } No 2 Clarksons Court

Cause of Death, { First (Primary,) Apoplexy & Lung

{ Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, Dec. 1st 1875 Silas H. Hunter M. D.

Medical Attendant.

{ *Undertaker,* J. J. Rodenmayer

{ *Place of Business,* Cor Monument St. and Greenmount Ave, *Address* 111 Greenmount Ave,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this C

Board of Health, City of Baltimore,

Permit No. 1729

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 30 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov. 29th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Frederick Schaal

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 16 *Years,* *Months,* *Days.*

Color, White *Sex,*

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Grinder & Polisher

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Wertenberg. South Germany

Duration of Residence in the City of Baltimore, Two years and nine months

Place of Death, {Give street and number.} No. 3 S. Frederick St. Balt.

Cause of Death, First (Primary,) Valvular disease of Heart

Second (Immediate,) Congestion of Lungs

Duration of Last Sickness, Seven weeks

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemt

Date of Burial, Dec 1st 1875

E. Leroy Jones M. D.
Medical Attendant.

Undertaker, John J. Rodamayer

Place of Business, W. E. Corner Lemmon and Monument Sts

Address 67 E. Balt. St. Balt.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

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No.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Cer

Board of Health, City of Baltimore,

Permit No. 6730

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT CITY Jn 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov. 30th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Virginia Leddon

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 42 *Years,* ——— *Months,* ——— *Days.*

Color, White *Sex,* ———

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 20 Years

Place of Death, {Give street and number.} 324 Bank St.

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate.) " "

Duration of Last Sickness, Dont know exactly, but many months

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Dec 1st 1875

E. L. Byrns M. D.

Medical Attendant.

Undertaker, Haughs & Co

Place of Business, 65 S Broadway *Address* 406 E. Balto. St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1731

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 30 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Nov 28/75

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ferdinand Weissmenger

Sex, Male ~~*or Female*~~, {Cross out the word not required in this line.}

Age, 32 *Years,* *Months,* *Days.*

Color, White *Sex,* male

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Shoe maker

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, — ~~32~~ years

Place of Death, {Give street and number.} No 751 W. Lombard st

Cause of Death, First (Primary,) Phthisis

Second (Immediate,)

Duration of Last Sickness, 7 weeks

All the above information should be furnished by the Physician.

Place of Burial, Catholic Cem. H. L. Spicer M. D.

Medical Attendant.

Date of Burial, Nov 30 & 1875

Undertaker, Peter Stumert

Place of Business, 317 Mulberry st *Address* 317 W. Lombard St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 67

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this C

Board of Health, City of Baltimore,

Permit No. 6732.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 1 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 30th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Conrad Ebert

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 5 *Years,* 9 *Months,* 15 *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} S. Peter st No 85

Cause of Death, First (Primary,) Scarlatina Anginosa

Second (Immediate,) Spasm

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, the 2 th December.

Undertaker, P. P. Dill

Place of Business, 193. Columbia Ave. *Address*

Dr J. Buddenbot *M. D.*
Medical Attendant.

No 16 Columbia Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this

Board of Health, City of Baltimore,

Permit No. 6733, OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 30 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 29th November 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sarah R Shipley

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 72 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Howard Co Md

Duration of Residence in the City of Baltimore, Four weeks,

Place of Death, {Give street and number.} 46 Mount St

Cause of Death, First (Primary,) Pneumonia,

Second (Immediate,)

Duration of Last Sickness, Ten days

All the above information should be furnished by the Physician.

Place of Burial, Howard County

Date of Burial, Dec 1. 1875 Chas Jones, M. D.

Medical Attendant.

Undertaker, G. B. Blackistone Son

Place of Business, 606 Balt st Address Nr 530 N. Gay St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

(Transit 277)

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6734

The Physician who attended any person in a last Illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 30 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov. 29th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant but named, give names of parents.} Joseph. S. Schmelzer

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 2. *Years,* 6. *Months,* 29 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ———

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 396. S. Charles St.

Cause of Death, First (Primary,) Scarlatina

Second (Immediate,) Convulsions

Duration of Last Sickness, 4 days.

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, December 1st 1875

Undertaker, C. F. Krause

Place of Business, 209 Hanover st. *Address* 108 S. Charles St.

J. H. Smith M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. ~~X~~ 6735

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 16 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 29th Nov 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Conrad Kall

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 7 *Years,* 7 *Months,* 2 *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } Hall St. No number

Cause of Death, { First (Primary,) Injury by fall
Second (Immediate,) Concussion of Brain & Spinal Cord

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Trinity Church Cem

Date of Burial, Dec 1st 1875

A. M. Dodge M. D.
Medical Attendant.

Undertaker, Julius Koehler *Address* 201 Hanover St

Place of Business, Cor Sharp & Cross st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of

Board of Health, City of Baltimore,

Permit No. 6736

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 30th '75

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } George Washington Miller

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, *Years,* 5 *Months,* 5 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, { Cross out the words not required in this line }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Maryland

Duration of Residence in the City of Baltimore;

Place of Death, { Give street and number. } 13 Whatcoat St.

Cause of Death, { First (Primary,) / Second (Immediate,) } Unknown

Duration of Last Sickness, Found dead in bed - no previous sickness

All the above information should be furnished by the Physician.

Place of Burial, Loudon Cemetery

Date of Burial, Dec. 1. 1875

Undertaker, Longfellow

Place of Business, 121 Baltimore St

J. H. Miller M. D.
Medical Attendant.

Address 89 N. Green St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back

Board of Health, City of Baltimore,

Permit No. 6737

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT DEC 1 1875 BALTIMORE

Date of Death, Nov 29th 75

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Patrick Mc Glone

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 41 *Years,* *Months,* *Days.*

Color, white *Sex,* male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland 28 years in U S

Duration of Residence in the City of Baltimore, 28 years

Place of Death, {Give street and number.} East Calvert St just beyond Eager

Cause of Death, First (Primary,) Accidental Fall of wood

Second (Immediate.) Asphyxia

Duration of Last Sickness, Sudden death

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cem

Date of Burial, Dec 1st 1875

Edward Warren M. D.
Medical Attendant.
Comm m. C. D.

Undertaker, Chas J. Scriven

Place of Business, 171 N. Eutaw St *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

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The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK o

Board of Health, City of Baltimore,

Permit No. 6738

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

DEC 1 1875 BALTIMORE

Date of Death, Nov 27 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sarah Maria Keen

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 22 *Years,* 10 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore.

Place of Death, {Give street and number.} 819 N. Gate St

Cause of Death, {First (Primary,) Marasmus Bronchitis
Second (Immediate,) Adema Pulmonum

Duration of Last Sickness, Not Ascertained

All the above information should be furnished by the Physician

Place of Burial, St Ephraims Cemetery

Date of Burial, Dec. 2d

Undertaker, P. Kennedy

Place of Business, 311 Northern Av.

L. Shuster M. D.
Medical Attendant.

Address 624 S. Bond St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

K S A F E T Y

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK

Board of Health, City of Baltimore,

Permit No. 1739

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT DEC 1 1875 BALTIMORE

Date of Death, 30th of November 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George Frederick Volkhart

~~Sex~~, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 53 *Years,* 6 *Months,* *Days.*

Color, Wh, M

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Baker

Birthplace, {State or country (and how long in the United States, if of foreign birth)} Nurnberg Bavaria

Duration of Residence in the City of Baltimore. 3½ years

Place of Death, {Give street and number.} 60 Portland St

Cause of Death, {First (Primary,) Ulcer bladder / Second (Immediate,) Marasmus}

Duration of Last Sickness, Nearly 4 weeks

All the above information should be furnished by the Physician

Place of Burial, Baltimore Cemetery

Date of Burial, 1st of Dec 75

Undertaker, [illegible]

Place of Business, 165 Hanover [illegible] *Address* 246 E. Baltimore

J. Thomson M. D.
Medical Attendant

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on bac

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6740

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT DEC 1 1875 BALTIMORE

Date of Death, Novbr 30th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Child of James L & Emma Gilbert

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.} Female

Age, ——— *Years,* ——— *Months,* 15 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ———

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, ———

Place of Death, {Give street and number.} 12 Columbia st

Cause of Death, First (Primary,) Erysipelas

Second (Immediate.)

Duration of Last Sickness, 4 or 5 days

All the above information should be furnished by the Physician.

Place of Burial, Old Cemetery

Date of Burial, Dec 1 1875

Undertaker, Mr Hafner

Place of Business, 650 Pennsa Av

E Goverbey M. D.
Medical Attendant.

Address 512 W Balto st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

OVER

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK

Board of Health, City of Baltimore,

Permit No. 17441

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT DEC 1 1875

Date of Death, Nov 29 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Martha Dean Bush

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 94 *Years,* ——— *Months,* ——— *Days.*

Color, white

~~*Married, Single*~~, *Widow* ~~*or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 300 Chase Street

Cause of Death, {First (Primary,) Old age

{Second (Immediate,) Senile decay

Duration of Last Sickness,

All the above information should be furnished by the Physician

Place of Burial, Green Mount

Date of Burial, Dec 2 1875

{*Undertaker,* H. H. Hickman

{*Place of Business,*

James H Chisholm M. D

Address Commiss of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by H. H. Hickman Undertaker

[over.]

No.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back o

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4742

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT DEC 1 1875 BALTIMORE

Date of Death, Nov. 30 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Rachel Bonheimer

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 56 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} married

Occupation, ——

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 20 years

Place of Death, {Give street and number.} 109 Aisquith St

Cause of Death, First (Primary,) Dilatation of the Heart

Second (Immediate.) Cancer of the Rectum

Duration of Last Sickness, 11 months.

All the above information should be furnished by the Physician.

Place of Burial, Oheb Shalom

Date of Burial, Dec 2nd 1875

Abram B Arnold M. D.
Medical Attendant.

Undertaker, A. Edlow

Place of Business, Gough St *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1743,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 1 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov. 29th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary C. Ames

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 6 *Years,* 7 *Months,* *Days.*

Color, Brown *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number.} 81 Burgundy alley

Cause of Death, {First (Primary,) Diphtheria
Second (Immediate,)

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Dec 1. 1875

Undertaker, Samuel W Chase

Place of Business 174 W Lombard st

R. M. Hall M. D.
Medical Attendant.

Address 266 E. Sharp st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back

Board of Health, City of Baltimore,

Permit No. 17414

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 1 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov. 29. 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles & Lucretia Williams Parents

Sex, Male or Female, {Cross out the word not required in this line.} .....

Age, — *Years,* — *Months,* / *Days.*

Colored —

Sex, Male

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 152 Aisquith St

Cause of Death, First (Primary,) Infantile Syphilis —

Second (Immediate,) Cachexemia Specifica.

Duration of Last Sickness, 1 day

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Dec 1. 1875

Undertaker, D M Cahoon

Place of Business, 174 D Howard st Address 220 Aisquith St

J. R. Page M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the bufial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back

No.

Board of Health, City of Baltimore,

Permit No. 1745

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 1st 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Martha Thomas

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 12 — *Years,* — *Months,* — *Days.*

Color, Black *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Dorchester Co Md

Duration of Residence in the City of Baltimore, Negro

Place of Death, {Give street and number.} 16 Hamilton Street

Cause of Death, First (Primary,) Phthisis Pulmonary

Second (Immediate,)

Duration of Last Sickness, one year ~~& 7~~ months

All the above information should be furnished by the Physician.

Place of Burial, Cambridge Md. C B Thomas M. D.

Date of Burial, Dec 2nd 1875 Medical Attendant.

Undertaker, John C. Gordon

Place of Business, 40 Richmond St *Address* 40 Richmond St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

(Transit 278)

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 6746.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 1 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 30th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Maria Margaret Callan

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.} ~~Male~~ Female

Age, Seventy Seven *Years,* ——— *Months,* ——— *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow.

Occupation, No occupation

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, Forty two years

Place of Death, {Give street and number.} N 4 Greenmount Avenue

Cause of Death, {First (Primary,) Old age / Second (Immediate,) Asthenia

Duration of Last Sickness, Four days

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral Cem

Date of Burial, Dec 2 — 1875

Undertaker, John I Rodway & *Address*

Place of Business, N E Cor Greenmount Ave & Monument St

T. Whatley M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

The Special attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on bac

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTI

Permit No. 6744.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 1 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov. 30th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Chas. B. Lake

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 4 *Years,* 4 *Months,* *Days.*

Color, white *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State of country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 18 Loyd St

Cause of Death, First (Primary,) Scarlet fever

Second (Immediate,) Brain Trouble

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Ft Mc Henry County G. Libmann *M. D.*

Date of Burial, Dec 1/75 Medical Attendant.

Undertaker, 66 Raine *Address* 58 N. Front St

Place of Business, 136 E Lafayette

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BAC

Board of Health, City of Baltimore,

Permit No. 6748.

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT DEC 1 1875 BALTIMORE

Date of Death, 30th November 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Edward Della

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 10 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore.

Place of Death, {Give street and number.} 136 Hamburg st

Cause of Death, {First (Primary.) Croup

{Second (Immediate,)

Duration of Last Sickness, Two days

All the above information should be furnished by the Physician

Place of Burial, Western Cemetery

Date of Burial, Dec 2d 1875

Undertaker, Finney & Denny

Place of Business, 263 Light

D. H. Webster M.D. M. D.
Medical Attendant.

Address 57 Barre St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No.

The Special Attention of Physicians is respectfully invited to the remarks below. and to List of Diseases on back

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTIC

Permit No. 6749

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 1 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec. 1st 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles A. Hartman

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 3 *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. Md.

Duration of Residence in the City of Baltimore, White life

Place of Death, {Give street and number.} 68 Greenmount Ave

Cause of Death, First (Primary,) Dentition

Second (Immediate,) 5 Mos.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Balto. Cemetery

Date of Burial, Dec. 2nd 1875

Undertaker, Adam Smith

Place of Business, 461 W. Fayette St

Silas A. Hunter *M. D.*
Medical Attendant.

Address 111 Greenmount Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on ba

Board of Health, City of Baltimore,

Permit No. 6750 OFFICE OF REGISTRAR OF VITAL STATIST

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately* f out, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 1 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 29. 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Katharine Maloney

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 23 *Years,* — *Months,* — *Days.*

Color, white *Sex,*

~~Married~~, *Single,* ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, none

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 22 years

Place of Death, {Give street and number.} 166, Dover Street

Cause of Death, {First (Primary,) / Second (Immediate,)} Pulmonary consumption

Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, Dec 2 1875

{*Undertaker,* John S Hutchison / *Place of Business,* No 150 Canton Ave *Address*}

Morris Steiner M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

The specific attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on ba

Board of Health, City of Baltimore,

Permit No. 6757

OFFICE OF REGISTRAR OF VITAL STATIS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately* out, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 1 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 1st 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James H Purcell

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 46 *Years,* 11 *Months,* 27 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Shoe maker

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 117 N. High St.

Cause of Death, First (Primary,) Rheumatism

Second (Immediate,)

Duration of Last Sickness, 2 Months

All the above information should be furnished by the Physician.

Place of Burial, Balto. Cemetery

Date of Burial, Dec 2d 1875

Undertaker, J. P. Byrne

Place of Business, 2 Front St

A. M. Williams M. D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on ba

Board of Health, City of Baltimore,

Permit No. 6762, OFFICE OF REGISTRAR OF VITAL STATIST

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately* ... *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 1 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, November 30 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George Bennett

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 35 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Boatman

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 261 S. Broadway

Cause of Death, First (Primary,) Valvular of Heart disease

Second (Immediate,)

Duration of Last Sickness, 6 weeks

All the above information should be furnished by the Physician.

Place of Burial, Trinity Cemetery

Date of Burial, Dec 1st 1875

Undertaker, H. Bohm

Place of Business, 36 Hanover St.

James E. Donnelle M. D.
Medical Attendant.

Address 2996 Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

No.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on bac

Board of Health, City of Baltimore,

Permit No. 1753,

OFFICE OF REGISTRAR OF VITAL STATISTI

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately fill out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 1 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 29, 1875.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } George Williams Gail.

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, 5 *Years,* 2 *Months,* 14 *Days.*

Color, Black. *Sex,* Male.

~~Married~~, *Single,* ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, —

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore.

Duration of Residence in the City of Baltimore, 2 mos. 14 days.

Place of Death, { Give street and number. } 89 Moores Alley.

Cause of Death, { First (Primary,) } Tabes mesenterica
{ Second (Immediate,) }

Duration of Last Sickness, 2 mos.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Dec 1st 1875

J. Shotwell Townsend M. D.
Medical Attendant.

Undertaker, Wm James Gray

Place of Business, 65 Mulberry St. *Address* 216 N. Howard Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 6757

OFFICE OF REGISTRAR OF VITAL STATIS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled* the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if req so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

DEC 1875

Date of Death, Nov 29 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ellen Blake

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Years, 6 Months, Days.

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 110 Hanover st

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 110 Hanover st

Cause of Death, First (Primary,) Infantile convulsions

Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician

Place of Burial, Laurel Cemetery

Date of Burial, Dec 1st 1875

Undertaker, Wm Sames Son

Place of Business, 66 Mulberry st

Wm Wesley Gale M. D.
Medical Attendant.

Address 229 Lexington st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on ba

Board of Health, City of Baltimore,

Permit No. 4753 OFFICE OF REGISTRAR OF VITAL STATIS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately* *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 1 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 30th 75

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Sophia Mantel

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 4 *Years,* 5 *Months,* *Days.*

Color, *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Chambersburg Pa.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} N. Saratoga 467)

Cause of Death, First (Primary,) Scarlatina Maligna

Second (Immediate,) Nephritis Scarlatinosa. e Anasarca Hyaemia

Duration of Last Sickness, Seventeen days

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, Dec. 2d 1875

Undertaker, Adam Weidemeyer

Place of Business, 518½ W. Baltimore St.

A B Clarke M. D.
Medical Attendant.

Address 743 Lexington

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...ttention is respectfully invited to the remarks below, and to List of Diseases on B...

Board of Health, City of Baltimore,

Permit No. 6756

OFFICE OF REGISTRAR OF VITAL STATI...

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurat...* *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said decea... sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 1 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov. 30th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Caesar Schaee

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 27 *Years,* 6 *Months,* 12 *Days.*

Color, M *Sex,*

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Porter

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, All his life

Place of Death, {Give street and number.} St. Agnes Hosp. Cor Caroline & Eastern...

Cause of Death, First (Primary,) Tuberculosis

Second (Immediate,) Exhaustion

Duration of Last Sickness, About 18 months

All the above information should be furnished by the Physician.

Place of Burial, H. G. Thomas Cem. Oscar A. Carter M. D.

Date of Burial, December 2 1875 Medical Attendant

Undertaker, Henry Hook per W. F. Rockwood M.D.

Place of Business, 30 Centre St. Address St. Agnes Hosp.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 4757

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT DEC 5 BALTIMORE

Date of Death, November 30th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Eudora Elmira Price

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 3 *Years,* 1 *Months,* 25 *Days.*

Color, white *Sex,* female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 319 N Durham St.

Cause of Death, First (Primary,) Diphtheria

Second (Immediate,) Diphtheritic Croup.

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore

Date of Burial, Dec 2 - 1875

Chas J Thacher M. D.
Medical Attendant.

Undertaker, John S Rodman & Sr *Address* 322 N Broadway

Place of Business, W E & A Leaman
Am & Monument Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

the SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BA

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATIST

Permit No. 6758

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled o* the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if request so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT DEC 1 1875 BALTIMORE

Date of Death, November 30th 18[illegible]

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Franklin S Kenner

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 43 (estimated) *Years,* *Months,* *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Brick-maker

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} No. 53 S. Durham

Cause of Death, First (Primary,) Pulmonary Phthisis

Second (immediate,)

Duration of Last Sickness, One (1) year

All the above information should be furnished by the Physician

Place of Burial, Dallas St Cemetery

Date of Burial, December 2nd 1875

Undertaker, John W Locks

Place of Business, 55 S. Wolfe St

G L Wilkins M. D.
Medical Attendant.

Address 69 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of Illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on b

Board of Health: City of Baltimore,

Permit No. 6759

OFFICE OF REGISTRAR OF VITAL STATIS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately* filled out, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 13 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 12th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Eugene Oliver

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ____ *Years,* 1 *Months,* 21 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt. Md.

Duration of Residence in the City of Baltimore, since birth.

Place of Death, {Give street and number.} 226 Madison St.

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,) Convulsions

Duration of Last Sickness, Four days

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Dec 3rd 1875

Undertaker, Wm Frey

Place of Business, Broadway

A. Glanville, Asst M. D.
Medical Attendant.

Address Balt. Md.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on b

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATI

Permit No. 6760

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurate* *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said decea sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 1875 HEALTH DEPARTMENT BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 1. December 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Christiane Eichner.

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 36. *Years,* *Months,* *Days.*

Color, white *Sex,* female

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Coburg, Germany — In Baltimore 7 years long

Duration of Residence in the City of Baltimore, 7 years

Place of Death, {Give street and number.} S. Spring Str. No 144.

Cause of Death, First (Primary,) Phthisis pulmon.
Second (Immediate,)

Duration of Last Sickness, 8 months.

All the above Information should be furnished by the Physician.

Place of Burial, St. Matthews Cemetery Robert Author M. D.

Date of Burial, December 2d "

Medical Attendant.

Undertaker, Michael Frank

Place of Business, No. 35 Bank St. Address 42 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on ba

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATI

Permit No. 6761

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately* *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 25 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 23 d 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mrs Phoebe Williams

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 66 *Years,* *Months,* *Days.*

Color, White ~~*Sex,*~~

~~*Married,*~~ ~~*Single,*~~ *Widow or* ~~*Widower,*~~ {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} N Carolina

Duration of Residence in the City of Baltimore, Ten Years

Place of Death, {Give street and number.} Johns Ln

Cause of Death, {First (Primary,) Acute Bronchitis
Second (Immediate,)

Duration of Last Sickness, Two Weeks.

All the above information should be furnished by the Physician.

Place of Burial, November 25th 1875

Date of Burial, Norfolk Va

{*Undertaker,* Jacob Weaver
{*Place of Business,* No 496 Druid Hill Ave *Address*

Alan P Smith *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of Illegitimate children.

[OVER.

(Transit 273)

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on ba

Board of Health, City of Baltimore,

Permit No. 6762 OFFICE OF REGISTRAR OF VITAL STATI

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately* out, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceas sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT DEC 1875 BALTIMORE.

Date of Death, Dec. 1st /75

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Maud Marcella

Sex, Male or Female, {Cross out the word not required in this line.}

Age, *Years,* 4 *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Washington D.C.

Duration of Residence in the City of Baltimore, 2½ months

Place of Death, {Give street and number.} 296 Harford Ave.

Cause of Death, First (Primary,) Anaemia

Second (Immediate.)

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Dec. 2nd 1875.

Jno Brooke Boyle M. D.
Medical Attendant.

Undertaker, Wm. H. Wickman

Place of Business, 284 S. Gay St. *Address* 174 E. Eager St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BA

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATIS

Permit No. 6763

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately fil* the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requ so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Dec 1. 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Priscilla

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Years, ~~Months~~, 21 Days.

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Foundling

Duration of Residence in the City of Baltimore, 12 days

Place of Death, {Give street and number.} St Vincents Infant Asylum

Cause of Death, First (Primary,) Atrophy

Second (Immediate,) Convulsions

Duration of Last Sickness, 1 hour

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, Dec 3. 1875

Undertaker, Sisters of Inst

Place of Business, Inft Asylum

Mathew Brown M. D.
Medical Attendant.

Address 201 N. Biddle St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Special attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on b

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STAT

Permit No. 17614

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurat* *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said Decea sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

H DEP
1815
ALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, December

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Joseph Miller

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 22 *Years,* 1 *Months,* 2 *Days.*

Color, White *Sex,* Male

~~*Married*~~, *Single*, ~~*Widow or Widower*~~. {Cross out the words not required in this line.}

Occupation, Upholster

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore County

Duration of Residence in the City of Baltimore, 18 years

Place of Death, {Give street and number.} 118 Stirling St

Cause of Death, {First (Primary,) Phthisis Pulmonalis

Second (Immediate,)

Duration of Last Sickness, ~~6 Months~~

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemetery

Date of Burial, Decem 3 1874

Undertaker, Henry Flook

Place of Business, 209 Central Ave *Address* 62 Park Ave

Geo L Rice M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 1765 OFFICE OF REGISTRAR OF VITAL STA

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, prop... *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said dec... sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 2 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, December 1st 1875.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } George H. Wheeler

Sex, Male or Female, { Cross out the word not required in this line. }

Age, *Years,* *Months,* 4 *Days.*

Color, White. *Sex,*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore Md.

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 403 West Lombard St.

Cause of Death, { First (Primary,) Second (Immediate,) } Intus Mesenteric

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, Nov 24th

Undertaker, Wm. M. Seamer

Place of Business, 356 W Balto

J. W. White M. D.
Medical Attendant.

Address 245 N. Eutaw St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

special attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STA[illegible]

Permit No. 6766.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said decedent, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 2 1875 HEALTH DEPARTMENT BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec. 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henry Kurtz

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 18 *Years,* 11 *Months,* 27 *Days.*

Color, White *Sex,* Male

~~*Married,*~~ *Single, Widow or Widower,* {Cross out the words not required in this line.}

Occupation, Clerk

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 42 S. Stricker St

Cause of Death, {First (Primary,) Ty Typhoid fever

Second (Immediate,)

Duration of Last Sickness, about three weeks

All the above information should be furnished by the Physician.

Place of Burial, Olde Cathedral

Date of Burial, December 4

Undertaker, J B Cook

Place of Business, 707 west Baltimore

W. R. McKenzie M. D.
Medical Attendant.

Address 582 W. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 6767.

OFFICE OF REGISTRAR OF VITAL STA

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 1st

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wm. Lewis Harlowe

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 24 — *Years,* *Months,* *Days.*

Color, White *Sex,*

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Bookkeeper

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Salem, Roanoke Co. Va

Duration of Residence in the City of Baltimore, 12 Mo.

Place of Death, {Give street and number.} + 50 N. Green St. Balto

Cause of Death, First (Primary,) Typhoid Enteritis

Second (Immediate,) Peritonitis -

Duration of Last Sickness, Four days

All the above information should be furnished by the Physician.

Place of Burial, Salem Va

Date of Burial, Dec 3d 1875

Undertaker, Chas Keane

Place of Business, 1648 Druid Hill Address Avenue

W. H. Crim M. D.
per Ch. J. Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

(Transit 280)

The special attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on ba

Board of Health, City of Baltimore,

Permit No. 6768

OFFICE OF REGISTRAR OF VITAL STA

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accura* *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said dece sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 1 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Joseph Theodore (Munch) Clune

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 1 *Years,* Six *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } 467 N. Saratoga St.

Cause of Death, { First (Primary,) Scarlatina Anginosa
Second (Immediate,) Nephritis Scarlatinosa
Convulsions Uraemic

Duration of ~~Last~~ Sickness, 18 Days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Dec. 2d 1875

A. K. Sutton *M. D.*
Medical Attendant.

{ *Undertaker,* Adam Weidemeyer
{ *Place of Business,* 518½ W. Baltimore St. *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on Ba

Board of Health, City of Baltimore,

Permit No. 1769

OFFICE OF REGISTRAR OF VITAL STA

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 30th 1875.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Lillie James

Sex, ~~Male or~~ *Female,* { Cross out the word not required in this line. } Female

Age, 16 *Years,* *Months,* *Days.*

Color, Black *Sex,* Female

Married, Single, ~~Widow or Widower,~~ { Cross out the words not required in this line. } Single

Occupation, None

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Dorchester County. Md.

Duration of Residence in the City of Baltimore, 12 Years

Place of Death, { Give street and number. } 225 N Front St

Cause of Death, { First (Primary,) Phthisis Pulmonalis
Second (Immediate,) Gradual Asthenia

Duration of Last Sickness, 10 Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery — R. Webster Cathell M. D.

Date of Burial, Dec 3 1875

Medical Attendant.

Undertaker, Wm. R. Dunger *Address* 160 Exeter St

Place of Business, East St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STA

Permit No. 6770

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accur* *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said dec sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 2 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Decem 2 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles H. Morgan

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 3 *Years,* 4 *Months,* 16 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 41 Warren av

Cause of Death, { First (Primary,) Scarlatina Anginosa

Second (Immediate,) 3 Days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, Dec 3d 1875

Undertaker, Armstrong & Dunn

Place of Business, 863 Light st

H. B. Stolle M. D.
Medical Attendant.

Address 17 Warren av

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 4771 OFFICE OF REGISTRAR OF VITAL ST

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, [illegible] *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said de[illegible] sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 1st 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George H. Fowler

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Years, Four Months, Twenty three Days.

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} No. 101 E. Washington st.

Cause of Death, First (Primary,) Cynanche Trachealis

Second (Immediate,)

Duration of Last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, Bald Cemetery

Date of Burial, Dec 3 / 1875

[illegible] M. D.
Medical Attendant.

Undertaker, W. H. Hickman

Place of Business, Gay St Address 207 E. Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on B...

Board of Health, City of Baltimore,

Permit No. 6772 OFFICE OF REGISTRAR OF VITAL STA...

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accur...* *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said dec... sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 6 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec. 1st 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James Hobbs

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 3 *Years,* 1 *Months,* *Days.*

Color, White *Sex,* Male

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 17 Rock St

Cause of Death, {First (Primary,) Diptheria

{Second (Immediate,) 2 days.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Co.

Date of Burial, Dec 3. 1875

Undertaker, G. B. Blackistone son

Place of Business, 606 Bate St

J. H. C. Cuddy M. D.
Medical Attendant.

Address 363 Franklin St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 6773 OFFICE OF REGISTRAR OF VITAL ST

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accu* *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said dec sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 3 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Decd

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jno Ferrier

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 84 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, ~~Widow~~ or Widower, {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} County of Aubrim - Ireland

Duration of Residence in the City of Baltimore, 27 years

Place of Death, {Give street and number.} Aged Mens Home - "Calhoun & Def"

Cause of Death, First (Primary,) Chronic Bronchitis

Second (Immediate,) Exhaustion from old Age

Duration of Last Sickness, death was suddenly occured of the dreading disorder.

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Dec 4th 1875

Undertaker, M. V. Jenkins & Son

Place of Business, 16 Light St

Henry R. Hoch M. D.
Medical Attendant.

Address 2010 N. Carey St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

S A F E T Y F

...Physicians is respectfully invited to the remarks below, and to list of diseases on ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STA...

Permit No. 6774

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accur... out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said dec... sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 4 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Dec 1st 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Peter J Jaquett

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 26 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Not any

Birthplace, {State or country (and how long in the United States, if of foreign birth.} New Jersey

Duration of Residence in the City of Baltimore, 26 years

Place of Death, {Give street and number.} 96 S. Eutaw St

Cause of Death, First (Primary,) Scrofula

Second (Immediate,) Scrofula

Duration of Last Sickness, Troubled all his life

All the above information should be furnished by the Physician.

Place of Burial, Salem New Jersey

Date of Burial, Dec 4th 1875

W. K. Hays *M. D.*
Medical Attendant.

Undertaker, Hughes & Co

Place of Business, 65 S Broadway *Address* 65 S Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

(Transit 281)

[OVER.

KODAK

Board of Health, City of Baltimore,

Permit No. 1775 — OFFICE OF REGISTRAR OF VITAL STA

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accur* *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said dec sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT DEC 3 1875 BALTIMORE

Date of Death, December 2d, 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mrs. Eliza White

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 75 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City, Md.

Duration of Residence in the City of Baltimore, Life time.

Place of Death, {Give street and number.} No. 245 E. Pratt St.

Cause of Death, {First (Primary,) Chronic Gastritis

{Second (Immediate,)

Duration of Last Sickness, Seven Weeks

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery *Medical Attendant.* Mr. H. Clendiner, M. D.

Date of Burial, Dec 4th 1875

{*Undertaker,* D. Hughes & Co

{*Place of Business,* 65 S. Broadway *Address* 65 & 93 N. Broadway.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...pecial attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on b...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STA...

Permit No. 4776

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accur...*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said dec... ...ner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, December 1st 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John P. Morand

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 56 *Years,* *Months,* 1 *Days.*

Color, W *Sex,*

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, abt 29 Years

Place of Death, {Give street and number.} Str Nurenburg Locust Point

Cause of Death, {First (Primary,) Accident

{Second (Immediate,) Hoofshead of Mds fell on him

Duration of Last Sickness, Sudden Death

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel Cemetery

Date of Burial, Decem 3rd 1875

Chas M. Morfit M. D.
Coroner
~~Medical Attendant.~~

{*Undertaker,* Hen Brocklich

{*Place of Business,* 241 Eastern Av *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 4777. OFFICE OF REGISTRAR OF VITAL STA

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately f*
the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if
so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT DEC 3 1875 BALTIMORE

Date of Death, Dec 3rd 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wm Klasmeier

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 2 *Months,* 6 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 211 Eastern Ave Corner Ridgely & Fayette

Cause of Death, First (Primary,) Scarlet fever

Second (Immediate,) Anasarca.

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician

Place of Burial, Mt Olivet Cemetery

Date of Burial, Dec 5th 1875

Undertaker, C. H. Krause

Place of Business, 209 Hanover

Address 211 Eastern Ave

... *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 1778. OFFICE OF REGISTRAR OF VITAL ST.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accur* *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said dec sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT DEC 3 1875 BALTIMORE.

Date of Death, Nov 2d 75

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Thos. B. Hilliard

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, 62 *Years,* 2 *Months,* 17 *Days.*

Color, White *Sex,*

Married, ~~Single, Widow or Widower~~ { Cross out the words not required in this line. } M.

Occupation, Boiler Maker

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Charles Co, Md

Duration of Residence in the City of Baltimore, 26 Years

Place of Death, { Give street and number. } 62 S. Sharp St

Cause of Death, { First (Primary,) Phthisis, - 3rd attack, / Second (Immediate,) }

Duration of Last Sickness, 3 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet C. Thos. L. Thorp M. D.

Date of Burial, Dec 3 — 1875 Medical Attendant.

Undertaker, G. B. Blackistone Son *Address*

Place of Business, 606 Balt St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...spectfully invited to the remarks below, and to List of Diseases on ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STA...

Permit No. 6779

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accur...* *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said dece... sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 3 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 2. December 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Adam Eichner.

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, ... *Years,* 18. *Months,* 12. *Days.*

Color, white *Sex,* male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 144 Spring Str.

Cause of Death, First (Primary,) ...
Second (Immediate,) Atrophia infantil

Duration of Last Sickness, 8 months.

All the above information should be furnished by the Physician.

Place of Burial, St. Mathews' Cemetery

Date of Burial, December 3 d

Robert Anthes M. D.
Medical Attendant.

Undertaker, Michael Fuchs

Place of Business, 1335 Eutaw St. *Address* 42 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 6780 OFFICE OF REGISTRAR OF VITAL S

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said person, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT DEC 3 1875 BALTIMORE

Date of Death, December 2nd 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Eduard Borchard

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 6 *Years,* *Months,* 24 *Days.*

Color, white *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, since born

Place of Death, {Give street and number.} 65. S. Regester st

Cause of Death, {First (Primary,) / Second (Immediate,)} Diptheria

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, ~~[illegible]~~ Wm Street

Date of Burial, Dec 5th 1875

Peter L. Dausch M. D.
Medical Attendant.

Undertaker, Henry Lenter

Place of Business, 243 Caroline St *Address* 27 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

OVER.

Board of Health, City of Baltimore.

Permit No. 1781

OFFICE OF REGISTRAR OF VITAL ST...

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accu...* *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said dece... sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 3 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, ...

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henry Reinhardt.

Sex, Male or Female, {Cross out the word not required in this line.} ...

Age, ... *Years,* 3 *Months,* ... *Days.*

Color, White *Sex,* ...

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ...

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Philadelphia.

Duration of Residence in the City of Baltimore, One month.

Place of Death, {Give street and number.} 39 Pratt st.

Cause of Death, First (Primary,) Marasmus.

Second (Immediate,) ...

Duration of Last Sickness, one month.

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, December 6th 1875

Undertaker, Andrew Jent

Place of Business, 118 Druid Hill Ave *Address* 32 N. Carrollton Ave.

Albert Hoffheimer, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...special attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on b...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STA...

Permit No. 1782

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accura...* *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said decea... sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Dec 2nd 75

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles Jones

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 23 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 144 E. Eager St.

Cause of Death, First (Primary,) Phthisis

Second (Immediate,)

Duration of Last Sickness, Two years

All the above information should be furnished by the Physician.

Place of Burial, Balto Cem.

Date of Burial, Dec 5th 75

Undertaker, Conrad Winkel

Place of Business, 56 E. Pratt St. *Address* 174 E. Eager St.

Jno. Brooke Boyle *M. D.*

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 6783 OFFICE OF REGISTRAR OF VITAL ST

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accu* *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said dec sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 4 1875 BALTIMORE

DEC 4 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 2d. 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth L. Rayborn

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, Thirty two *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Lunsburgh – Virginia

Duration of Residence in the City of Baltimore, Seven weeks

Place of Death, {Give street and number.} Church Home". Broadway

Cause of Death, First (Primary,) Fibroid Tumor of Uterus

Second (Immediate,) Peritonitis & Hyperhagia

Duration of Last Sickness, Seven weeks

All the above information should be furnished by the Physician.

Place of Burial, Harford Co

Date of Burial, Dec 4th

Undertaker, Wm L S Hughes

Place of Business, 60 E Balto

W. C. Thelon M.D. ~~M. D.~~

Medical Attendant.

Address 146 Park Avenue

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Transit permit No 282

[OVER.

...Physicians are respectfully invited to the remarks below, and to List of Diseases on ...

Board of Health, City of Baltimore,

Permit No. 17814 OFFICE OF REGISTRAR OF VITAL STA...

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurat...* *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said decea... sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

U.S. NAVY DEPARTMENT DEC 4 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Dec. 3rd 1875.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Eva Morgart

Sex, ~~Male~~ *or Female,* { Cross out the word not required in this line. }

Age, ... *Years,* Four *Months,* ..... *Days.*

Color, ... *Sex,* .....

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ { Cross out the words not required in this line. }

Occupation, ...

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Four Months

Place of Death, { Give street and number. } 66 Dodger St.

Cause of Death, { First (Primary,) Gastritis / Second (Immediate,) .....

Duration of Last Sickness, Five Days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Dec 4 1875

D. A. Gisler, *M. D.*
Medical Attendant.

{ *Undertaker,* McCourt Bros
{ *Place of Business,* 131 Saratoga st. *Address* 165 W. Lombard St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 4785 — OFFICE OF REGISTRAR OF VITAL STA

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accur* *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said dece sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT DEC 4 1875 BALTIMORE

Date of Death, December 3d 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lillie May Bauer

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, — *Years,* 20 *Months,* — *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Washington D.C.

Duration of Residence in the City of Baltimore, a few weeks

Place of Death, {Give street and number.} Baltimore Md. (Eden St)

Cause of Death, First (Primary,) Tuberculosis

Second (Immediate,) " "

Duration of Last Sickness, about 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Dec 5th 1875

Jos. Lloyd Martin M. D.
Medical Attendant.

Undertaker, R. Hall

Place of Business, E. Balto St *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...pecial Atten... Physicians is respectfully invited to the remarks below, and to List of Diseases on b...

Board of Health, City of Baltimore,

Permit No. 4786

OFFICE OF REGISTRAR OF VITAL STA...

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 4 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 2nd 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Christian Schmaeh...

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 1 *Years,* 1 *Months,* 13 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore Md.

Duration of Residence in the City of Baltimore, 1y. 1m. 1 day

Place of Death, { Give street and number. } In 224 Saint Mary's St. [illegible]

Cause of Death, { First (Primary,) Convulsions

Second (Immediate.)

Duration of Last Sickness, 1 Hour

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, December 5th 1875

Randolph A. Smith M. D.
Medical Attendant.

{ *Undertaker,* John N. Weaver
{ *Place of Business,* # 22 W. Fayette St. *Address,* [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...Physicians is respectfully invited to the remarks below, and to LIST of Diseases on B...

Board of Health, City of Baltimore,

Permit No. 6787 OFFICE OF REGISTRAR OF VITAL STA...

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 4 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death,

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Sex, Male or Female, { Cross out the word not required in this line. }

Age, About 76 *Years,* *Months,* *Days.*

Color, *Sex,*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Isle of Man. England.

Duration of Residence in the City of Baltimore, About 75 years.

Place of Death, { Give street and number. }

Cause of Death, { First (Primary,) / Second (Immediate,) }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Westminister

Date of Burial, Grave Yard Saturday. Dec. 4th

Undertaker, H. Johnston & Son

Place of Business, 16 Light. *Address*

M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 1788 OFFICE OF REGISTRAR OF VITAL STA

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 21 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Katrina Bautz

Sex, ~~Male or~~ *Female,* { Cross out the word not required in this line. }

Age, 28 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, ~~Single,~~ ~~Widow or Widower,~~ { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } Millington Forest Road

Cause of Death, { First (Primary,) Phthisis

Second (Immediate,)

Duration of Last Sickness, about 10 year

All the above information should be furnished by the Physician.

Place of Burial, Union Cemetery Jno A. Holliday M. D.

Date of Burial, 5 Dec 75 Medical Attendant.

Undertaker, John P. Poulus Carroll P. O.

Place of Business, 66 Frederick Ave Address Balto Co

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...Physicians is respectfully invited to the remarks below, and to List of Diseases on ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL ST...

Permit No. 5789

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 4 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec. 3rd.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mrs Lizzie Standeford

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 56 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Harford Co. Md

Duration of Residence in the City of Baltimore, Dont Know

Place of Death, {Give street and number.} 18 Hanford Ave.

Cause of Death, {First (Primary,) Paraplegia / Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Balto Centre

Date of Burial, Dec 5 — 1875

{*Undertaker,* John I Rodenmayer *Address* 17th & Eutaw
{*Place of Business,* Weber Lemmont Ave & Monument St

Jno Bond Hyde *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL ST...

Permit No. 1790

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 4 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 3rd 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sarah Bell Saimble

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, *Years,* Three *Months,* Three *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City Patterson Av. 28

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Patterson Avenue No 28

Cause of Death, {First (Primary,) Asthenia / Second (Immediate,) Suffocation

Duration of Last Sickness, Three weeks

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery L. G. Sparrow M. D.

Date of Burial, Dec 5th 1875 Medical Attendant.

Undertaker, Chas S. Chalmers

Place of Business. 262 Penn^a Ave *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...ysicians is respectfully invited to the remarks below, and to List of Diseases on ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STA...

Permit No. 4791

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 4 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Dec. 2nd 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lena Christoph...

~~*Sex, Male or Female,*~~ {Cross out the word not required in this line.}

Age, 20 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, ~~*Single, Widow or Widower.*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Talbot co. md.

Duration of Residence in the City of Baltimore, 6 yrs.

Place of Death, {Give street and number.} 280 S. Broadway

Cause of Death, {First (Primary,) / Second (Immediate,)} Septicaemia

Duration of Last Sickness, 3 wks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, December 5th

R. W. Mansfield M. D.
Medical Attendant.

{*Undertaker,* Mathias A. Reigel / *Place of Business,* 74 S. Broadway} *Address* 117 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 4792 OFFICE OF REGISTRAR OF VITAL ST

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accur* *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said dec sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 4 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 3rd, 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Kate Denny Lothrop

Sex, ~~Male~~ *or Female,* { Cross out the word not required in this line. } Female

Age, 15 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

~~*Married,*~~ *Single,* ~~*Widow or Widower.*~~ { Cross out the words not required in this line. }

Occupation, None

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore Md.

Duration of Residence in the City of Baltimore, Life time

Place of Death, { Give street and number. } No. 404 E. Baltimore, Md.

Cause of Death, First (Primary,) Heart Disease

Second (Immediate,) Dropsy (Anasarca)

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, December 5th 1875

Undertaker, Matthias A. Daigh

Place of Business, 424 E. Broadway

Wm H. Clendinen, M. D.
Medical Attendant.

Address No. 93 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...physicians is respectfully invited to the remarks below, and to List of Diseases on ...

Board of Health, City of Baltimore,

Permit No. 6793. OFFICE OF REGISTRAR OF VITAL STA...

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT DEC 4 1875 BALTIMORE

Date of Death, Dec. 3 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henry Madison Smoker

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, — *Years,* 49 *Months,* — *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 54 Centre Mkt

Cause of Death, {First (Primary,) Inflammation of the Brain

{Second (Immediate,)

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, St Stephens

Date of Burial, Dec 5th 1875. Abram B Arnold M. D.
Medical Attendant.

Undertaker, Jas P Byrne

Place of Business, 63 N Front St Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...ysicians is respectfully invited to the remarks below, and to List of Diseases on b...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STA...

Permit No. 1794

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurate...* *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 4 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, December 3. 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Walter Hughes

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 3 *Years,* 9 *Months,* 14 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, 3 yrs. 9 mo 14 days

Place of Death, {Give street and number.} Lanvale Line

Cause of Death, First (Primary,) Spasmodic Laryngitis

Second (Immediate,) " "

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemetery

Date of Burial, Dec 5 1875

Undertaker, James P Byrne

Place of Business, No 63 N Front St

B. B. Browne M. D.
Medical Attendant.

Address 307 Madison Avenue

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

Permit No. 1795 — OFFICE OF REGISTRAR OF VITAL ST

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accu* *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said decea sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 4 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Dec 2nd 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Rathert

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, Yrs. *Years,* 18 *Months,* *Days.*

Color, Wh. *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Franklin St.

Cause of Death, {First (Primary,) / Second (Immediate,)} Croup —

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, Dec 5th 1875

{*Undertaker,* Wm J Gray / *Place of Business,* 65 Mulberry st}

A. Trotter M. D.
~~Medical Attendant.~~

Address 398 W. Fayette —

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 4796 OFFICE OF REGISTRAR OF VITAL STA

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurate* *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT DEC 2 1875 BALTIMORE

Date of Death, Charles Edward Savoy — Dec 2, 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} ———

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 6 *Years,* 6 *Months,* 5 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt City —

Duration of Residence in the City of Baltimore, 6 yrs. 6 mos —

Place of Death, {Give street and number.} Park ave. No 92. near Eutaw St

Cause of Death, First (Primary,) Brain, following Scarlet Fever

Second (Immediate,) Phthisis

Duration of Last Sickness, 12 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Dec 4th 1875.

A. F. Rinehart M. D.
Medical Attendant.

Undertaker, Wm F Gray

Place of Business, 65 Mulberry St Address 5 E. Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...physicians is respectfully invited to the remarks below, and to List of Diseases on ...

Board of Health, City of Baltimore,

Permit No. 1797 OFFICE OF REGISTRAR OF VITAL STA...

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately ... out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, ... sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 4 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 3rd

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles A. Sparks

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 7 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} Cor. Eager & Harford Ave.

Cause of Death, First (Primary,) Ulcerations Croup

Second (Immediate,)

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, December 5th 1875

Jno Burke Boyle M. D.
Medical Attendant.

Undertaker, Jacob Keaver ~~Davis Hill~~

Place of Business, David Hill Address 174 E. Eager St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STA

Permit No. 4798

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately fil* the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if reques so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT DEC 4 1875 BALTIMORE

Date of Death, ~~2th~~ 3d December 1875. at morning

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henry Kirschbaum

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* — *Months,* — *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore. during lifetime

Place of Death, {Give street and number.} S. Dallas street 155.

Cause of Death, {First (Primary.) Croup

{Second (Immediate.)

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel Cemty *William Henkel* M. D.

Medical Attendant.

Date of Burial, ~~December~~ 5th 1875

Undertaker, Henry Froehlich *Address* S. Wolfe & 117.

Place of Business, 246 Eastern Av

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition [whether married or single] of the person deceased, and the cause and time of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL ST

Permit No. 6799

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately* [illegible] *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 4th 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} H. Holzhead,

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 14 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt. Md.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 5 N. Wash. St.

Cause of Death, First (Primary,) Meningitis.

Second (Immediate,) Effusion of serum.

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, Sunday, Dec. 6th 8 a.m.

G. G. Lanville, M. D.
Medical Attendant.

Undertaker, John Brown

Place of Business, 77 S. Wolfe Address Balt & Wash. sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 4809 OFFICE OF REGISTRAR OF VITAL ST

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately* [illegible] *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT DEC 4 1875 BALTIMORE

Date of Death, December 3d 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles Merritt

~~Sex~~, *Male or* ~~*Female*~~, {Cross out the word not required in this line.} Male

Age, Onf 65 *Years,* — *Months,* — *Days.*

Color, White *Sex,* Male above

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.} Married

Occupation, None for 2 years-previously Foreman for Hayward & Co

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Hartford Connecticut

Duration of Residence in the City of Baltimore, 35 Years

Place of Death, {Give street and number.} 212 N Fremont St.

Cause of Death, First (Primary,) Cerebral Softening

Second (Immediate,) Suddenly- Did not See him-

Duration of Last Sickness, Has been an invalid for years - sick about 1 hour

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Dec 5th 1875

Undertaker, Jos. Loane

Place of Business, 568 W Balto St.

W. H. H. Kemp M. D.
Medical Attendant.

Address 55 N. Green St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 1801 OFFICE OF REGISTRAR OF VITAL S

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately* out, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT DEC 4. 1875 BALTIMORE

Date of Death, Dec 4 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George H. Taylor

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, Twenty Six *Years,* Three *Months,* *Days.*

Color, White *Sex,*

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Clerk

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Accomac Co. Va

Duration of Residence in the City of Baltimore, About ten years

Place of Death, {Give street and number.} 238 George St.

Cause of Death, {First (Primary,) Typhoid Fever

{Second (Immediate,) About ten days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Accomack Co Va J. M. Nelson *M. D.*

Date of Burial, Dec 5th 1875 Medical Attendant.

Undertaker, Jas. Toomey

Place of Business, 568 W Balto St *Address* 257 Mad. Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

(Transit 284)

[OVER.

Board of Health, City of Baltimore.

Permit No. 6802 — OFFICE OF REGISTRAR OF VITAL ST...

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately* ... *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, ... sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 4 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 4th 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } George Hartmann

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, Thirty Seven *Years,* Three *Months,* *Days.*

Color, White *Sex,* Male

Married, ~~Single, Widow or Widower,~~ { Cross out the words not required in this line. } Married

Occupation, Coach Maker

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, Twenty Eight Years

Place of Death, { Give street and number. } 36 Chew Street

Cause of Death, { First (Primary,) Typhoid Pneumonia
Second (Immediate,) }

Duration of Last Sickness, Twelve Days

All the above Information should be furnished by the Physician.

Place of Burial, Baltimore Cemtr

Date of Burial, December 6 1875

Undertaker, Henry Hoen

Place of Business, 304 Eutaw Ave *Address* 226 Salisbury Street

C. C. Horn M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STA

Permit No. 1803

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately* ... *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, ... sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 4 1975 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 12 Mo 4 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Edie Horner

Sex, Male or Female, {Cross out the word not required in this line.} Female.

Age, Years, 5 Months, 15 Days.

Color, White Sex, Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Child.

Occupation, Child.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Eutaw Place

Duration of Residence in the City of Baltimore, Always Life

Place of Death, {Give street and number.} 463 Eutaw Place

Cause of Death, First (Primary,) Congestion of Lungs.

Second (Immediate,)

Duration of Last Sickness, 2 Months

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, 12 Mo 5th

W. Riley. M. D.
Medical Attendant.

Undertaker, Jacob Weaver

Place of Business, Eutaw & Ross. St. *Address* 47 Lexington St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 4804 OFFICE OF REGISTRAR OF VITAL STA

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if required so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 4. 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Dec 3rd 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Dupont

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 4 *Months,* —— *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth)} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} Bel Air Ave (Mutts Brewy)

Cause of Death, {First (Primary.) / Second (Immediate,} Inflamation of Lungs

Duration of Last Sickness, ——

All the above information should be furnished by the Physician

Place of Burial, St Alphonsus Cty

Date of Burial, Dec 5th 1875 James T Stewart M. D.

Undertaker, M. France

Place of Business, 280 Canton Ave *Address* Commis of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by M. France Undertaker

[OVER.]

The special attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on

Board of Health, City of Baltimore,

Permit No. 6805 OFFICE OF REGISTRAR OF VITAL ST

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accura* *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 5 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 3rd

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Frederick Nugent

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 60 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Horse collar Maker

Birthplace, {State or country (and how long in the United States, if of foreign birth.} County Meath Ireland

Duration of Residence in the City of Baltimore, 35 years

Place of Death, {Give street and number.} corner of Emily & Lexington

Cause of Death, First (Primary,) Pulmonary Consumption

Second (Immediate,) About 3 years

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral cemetery

Date of Burial, Dec 6th 1875

{*Undertaker,* J. B. Cook

{*Place of Business,* No 767 W. Baltimore Street

J. P. Hoffman M. D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL ST

Permit No. 6806

The Physician who attended any person in a last Illness is responsible for the presentation of this Certificate, *accu* *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said decea soener, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 3rd 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Maggie Hollarn

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.} Female

Age, 2 *Years,* 2 *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. Md

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} No 16 Harmony Aly.

Cause of Death, First (Primary,) Scald

Second (Immediate.) Shock

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Ft. Patricks Cem.

Date of Burial, Dec. 5th 1875

Undertaker, Wm Lonan

Place of Business,

Geo. D. Kimmon M. D.
Medical Attendant.

Address 73 E Pratt St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of Illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 6807 OFFICE OF REGISTRAR OF VITAL S

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, acc... *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said de... sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Decr 4th 1875-

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Peter Savage

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, about 52 *Years,* — *Months,* — *Days.*

Color, ~~Sex,~~ Colored

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Married

Occupation, Stevedore

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Va

Duration of Residence in the City of Baltimore, 8 years

Place of Death, { Give street and number. } 1/2 Dc alley

Cause of Death, { First (Primary,) Pleuro-pneumonia
Second (Immediate,) 1 Month

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Dec 5 1875

{ *Undertaker,* Samuel McShane
{ *Place of Business,* 198 W Howard Ext

R. C. Lee M. D.
Medical Attendant.

Address N. W. cor Hanover & Barre Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL ST

Permit No. 6808

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately fil* the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requ so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 5 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Baltimore December 3d 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William H Jones

Sex, Male or ~~Female~~, {Cross out the word not required in this line,} Male

Age, Thirty five *Years,* *Months,* *Days.*

Color, Colored

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.} Married

Occupation, Labourer

Birthplace, {State or country (and how long in the United States, if of foreign birth)} Dorchester Co Maryland

Duration of Residence in the City of Baltimore, Nine Years

Place of Death, {Give street and number.} No 206 West St

Cause of Death, {First (Primary,) Typhoid Fever

Second (Immediate,) Cerebritis

Duration of Last Sickness, Twelve days

All the above information should be furnished by the Physician

Place of Burial, Mount St. Cemetery

Date of Burial, Dec 5. 1875

Undertaker, Samuel McElwee

Place of Business, 195 S. Howard St

L. D. Dyer *M. D.*
Medical Attendant.

Address No 146 Hill St Baltimore Md

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

E T Y ▲ F I L M

...ians is respectfully invited to the remarks below, and to List of Diseases on ...

Board of Health, City of Baltimore,

Permit No. 6809 OFFICE OF REGISTRAR OF VITAL S...

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *duly filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 4 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Gertrud Brannuck

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 6 *Years,* *Months,* *Days.*

Color, Calard *Sex,*

~~*Married,* *Single,* *Widow or Widower.*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimar City Md

Duration of Residence in the City of Baltimore, All Her Life time

Place of Death, {Give street and number.} No 220 South Howard St

Cause of Death, {First (Primary,) Menorrhagia and
Second (Immediate,) inflamation on the Bowel

Duration of Last Sickness, One Day

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetary

Date of Burial, 5 of December 1875

F. Merrick M. D.
Medical Attendant.

{*Undertaker,* Samuel Chase
{*Place of Business,* Cor of Howard & Hill Sts *Address* No 23 Beath St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

O D A K S A F

Board of Health, City of Baltimore,

Permit No. 6810 OFFICE OF REGISTRAR OF VITAL S

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *n* *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said de sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 5 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 4th 1875 M.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lewis Aaron

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 73 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Butcher

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, Thirty years

Place of Death, {Give street and number.} 183 Colum Street

Cause of Death, First (Primary,) Caries of Lumbar Vertebra

Second (Immediate,) Exhaustion

Duration of Last Sickness, About nine months

All the above information should be furnished by the Physician.

Place of Burial, Dept Cemetery

Date of Burial, December 5th 1875

Undertaker, Ph. T. Dill

Place of Business, 189 Columbia Av.

A Friedwald M. D.
Medical Attendant.

Address 83 E Eutaw Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL S

Permit No. 6811

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurate* the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec. 4th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Tubman

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 65 Years *Years,* *Months,* *Days.*

Color, Colored

~~Married, Single, Widow or~~ Widower, {Cross out the words not required in this line.}

Occupation, Barber

Birthplace, {State or country (and how long in the United States, if of foreign birth.} St. Mary's Co. Md

Duration of Residence in the City of Baltimore, 35 Years

Place of Death, {Give street and number.} No 26 Plate street

Cause of Death, {First (Primary.) Unknown / Second (Immediate.)}

Duration of Last Sickness, 3 Weeks

All the above information should be furnished by the Physician

Place of Burial, New Cathedral

Date of Burial, Dec. 5th 1875

Undertaker, Wm J. Gray

Place of Business, 61 Mulberry St.

Geo. H. Steuart M. D.
Medical Attendant

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL S

Permit No. 6812

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, f... *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said d... sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

BALTIMORE HEALTH DEPARTMENT DEC 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, December 4 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sallie P. Hobbs

~~*Sex, Male*~~ *or Female,* {Cross out the word not required in this line.} Female

Age, 31 *Years,* 5 *Months,* 10 *Days.*

Color, White *Sex,* the above

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.} Married

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, all her life

Place of Death, {Give street and number.} 16 George

Cause of Death, First (Primary,) Consumption

Second (Immediate,) Exhaustion

Duration of Last Sickness, 4 Months---

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemt

Date of Burial, Dec 6th 1875

W. H. Knapp M. D.
Medical Attendant.

Undertaker, Jacob Wenner

Place of Business, No 486 Druid Hill Avenue *Address* 53 N. Green St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 6813 OFFICE OF REGISTRAR OF VITAL

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, [illegible] *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said [illegible] sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 4th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Christiana Goeppner

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, —— *Years,* five *Months,* six *Days.*

Color, White *Sex,* female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ——

Occupation, ——

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, ——

Place of Death, {Give street and number.} 50 S. Central Ave.

Cause of Death, First (Primary,) Spina Bifida

Second (Immediate,) Convulsions

Duration of Last Sickness, Congenital

All the above information should be furnished by the Physician.

Place of Burial, L. Mathews Cemetery

Date of Burial, Dec. 5th

L. C. Winternitz M. D.
Medical Attendant.

Undertaker, W. Disque

Place of Business, Bond Street 151 *Address* 12. S. Eden St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 6814,

OFFICE OF REGISTRAR OF VITAL S

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ... out, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said dec... sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

THE ... 1875 ... BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, December 4th 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Rosa Wilgand

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 10 *Years,* —— *Months,* —— *Days.*

Color, White *Sex,* Female

Married, Single, ~~Widow or~~ Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 53 Druid H. Avenue

Cause of Death, {First (Primary,) Typhoid Fever

{Second (Immediate,) Perforation of the bowel.

Duration of Last Sickness, Six weeks.

All the above information should be furnished by the Physician.

Place of Burial, Balti Cemetary

Date of Burial, Dec 6th

{*Undertaker,* C. Wilgand

{*Place of Business,* 53 Druid H. Ave

Louis W. Knight M. D.
Medical Attendant

Address 112 N. Greene St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL S

Permit No. 1815

The Physician who attended any person in a last Illness is responsible for the presentation of this Certificate, *accurat* the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, i so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 6 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Dec 5th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Geo & Mary Barnett (Parents

Sex, Male ~~or Female~~ {Cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 2 *Days.*

Color, Col'd

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} China Street

Cause of Death, {First (Primary,) / Second (Immediate,)} Asthenia

Duration of Last Sickness, Life —

All the above information should be furnished by the Physician

Place of Burial, Laurel Cemetery James A Steuart M. D.

Date of Burial, Dec 6th 1875

Undertaker, S. H. Chase

Place of Business, S. Eutaw St Address Commiss of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of Illegitimate children

Information by Susan Johnson

[OVER.]

The special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on ba

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL S

Permit No. 6816

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurate* *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 6 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 4th of 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Angel Bello y Mendo

Sex, Male or Female, {Cross out the word not required in this line.} Male.

Age, three *Years,* and six *Months,* *Days.*

Color, White *Sex,* Male.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} In the city of Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Population St. No. 11 (South)

Cause of Death, First (Primary,) Double Broncho-Pneumonia.—
Second (Immediate,) Eclampsia.—

Duration of Last Sickness, Three days.

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, Dec 6th 1875

Undertaker, Jos Loane

Place of Business, 568 W Baltimore St

Dr. Joseph Lopez. — M. D.
Medical Attendant.

Address No. Carey St No. 414.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL S

Permit No. 6817

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, a... out, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said dec... sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 6 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 5th 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Jas J Fenton

Sex, Male or Female, { Cross out the word not required in this line. } .....

Age, 29 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Scenic Artist

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Rhode Island

Duration of Residence in the City of Baltimore, 28 yrs

Place of Death, { Give street and number. } 106 Hollins.

Cause of Death, { First (Primary,) / Second (Immediate,) } Fell from Accidental

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St. Vincents Ground Geo C Ogle Coroner M. D.

Date of Burial, 6th December

Medical Attendant.

Undertaker, F. Kunert

Place of Business, 317 Mulberry St *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 6818. OFFICE OF REGISTRAR OF VITAL S

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, acc... *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said dec... sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT DEC 6 1875 BALTIMORE

Date of Death, 1st day of Dec. 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Stephen P. Gay,

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 11 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, ~~Single~~, ~~Widow or Widower~~, { Cross out the words not required in this line. }

Occupation, Student

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Alexandria Va.

Duration of Residence in the City of Baltimore, 40 years.

Place of Death, { Give street and number. } 205 N. Broadway.

Cause of Death, { First (Primary,) Phthisis Pulmonalis. / Second (Immediate,) Exhaustion

Duration of Last Sickness, two years

All the above information should be furnished by the Physician.

Place of Burial, Balto. Cem

Date of Burial, Dec 7

Undertaker, M. A. Purdit

Place of Business, 74 Baltimore

C. Glanville Keech M. D.
Medical Attendant.

Address Balt & Wash. Sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 6819

OFFICE OF REGISTRAR OF VITAL S

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT DEC 6 1875 BALTIMORE.

Date of Death, Dec. 4th 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henry Wade

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 49 *Years,* *Months,* *Days.*

Color, White *Sex,* Male,

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Butcher

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore.

Place of Death, {Give street and number.} 294 E. Lombard St

Cause of Death, {First (Primary,) Apoplexy

{Second (Immediate.) General Paralysis

Duration of Last Sickness, Nine years

All the above Information should be furnished by the Physician.

Place of Burial, Dec 6th

Date of Burial, Balto Cem

H. T. Kennedy, M. D.
Medical Attendant.

Undertaker, M. A. Gaffe

Place of Business, 14 Bway

Address 186 Aisquith St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 1820 — OFFICE OF REGISTRAR OF VITAL S

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately* the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 4 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Seraphine Stone

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, 67 *Years,* *Months,* *Days.*

Color, White

~~*Married, Single, Widow or*~~ *Widower,* {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 188 Hart Ave

Cause of Death, {First (Primary,) Paralysis

Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician

Place of Burial, Balto Cem

Date of Burial, Dec 6 1875

Undertaker, M A Daufu

Place of Business, 94 Bury

D. McSherry M. D.
Medical Attendant

Address 133 N Exeter St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the ...cian who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight ...fter the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the ... be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and ...ath, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL

Permit No. 1821

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, filled out, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said person, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT DEC 6 1875 BALTIMORE

Date of Death, Dec 4th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Smart

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 35 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, ~~Single, Widow or Widower.~~ {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, not known

Place of Death, {Give street and number.} Univ Hospital Lombard & Paca

Cause of Death, First (Primary,) Phthisis

Second (Immediate,) Phthisis

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, Dec 6th 1875

Undertaker, Henry F. Weard

Place of Business, 45 N Gay St

F A Ashby M. D.
Medical Attendant.

Address Univ Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL

Permit No. 1822,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *a* *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said de sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT DEC 6 1875 BALTIMORE

Date of Death, Dec 4th 1875.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents } Henry Stokes

Sex, Male or Female, { Cross out the word not required in this line. }

Age, —— *Years,* 1 *Months,* 11 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. } —

Occupation, ——

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore Md

Duration of Residence in the City of Baltimore, 1 mo - 14 Days

Place of Death, { Give street and number. } 108 Potomac St

Cause of Death, { First (Primary,) Convulsions
Second (Immediate,) }

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Mt. Carmel Cem

Date of Burial, Mon. Dec 6. 2 P.M.

E. I. Williams M. D.
Medical Attendant.

Undertaker, John Braun

Place of Business, 77 S. Wolfe

Address 108 E Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of Illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 1823, OFFICE OF REGISTRAR OF VITAL

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, filled out, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said de sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT DEC 6 1875 BALTIMORE

Date of Death, Dec. 5,

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Otho H. Knight

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 22 *Years,* 9 *Months,* — *Days.*

Color, White *Sex,* Male

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 316 S. Charles

Cause of Death, First (Primary,) Phthisis

Second (Immediate,) Typhoid Fever

Duration of Last Sickness, 14 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, Dec 7th 1875

Attended by Thos Buck M. D.
Medical Attendant

Undertaker, Wm Dorn

Place of Business, 263 Light Address 146 Hanover

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL

Permit No. 6824.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, [illegible] *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said de[illegible] sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

[illegible] 6 DEC 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 6 Dec 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Carrie Bell Wile

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 1 *Months,* 24 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 96 Pennsylvania Avenue

Cause of Death, First (Primary,) Scarlet fever

Second (Immediate,) Convulsions

Duration of Last Sickness, 24 hours

All the above information should be furnished by the Physician.

Place of Burial, Balt. Cemetary

Date of Burial, Decemb 7th

Undertaker, [illegible]

Place of Business, [illegible]

Wartenz Bowie M. D.
Medical Attendant.

Address 201 W. Biddle St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL

Permit No. 1825,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, filled *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said person, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 5 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Dec. 5th 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Daniel Schilling

Sex, Male ~~or Female,~~ { Cross out the word not required in this line. }

Age, 77 *Years,* *Months,* *Days.*

Color, white *Sex,* male

~~Married, Single, Widow or~~ *Widower,* { Cross out the words not required in this line. }

Occupation, laborer

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 22 years

Place of Death, { Give street and number. } 138 S. Bond St.

Cause of Death, { First (Primary,) Old age
Second (Immediate,) confined to bed four weeks.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, Dec. 6

Th. Emily A. F. Erich M. D.
Medical Attendant.

Undertaker, H. Sifford

Place of Business, South Bond st 151 *Address* 94 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of Illegitimate children.

[OVER.

...especially invited to the remarks below, and to List of Diseases on ...

Board of Health, City of Baltimore,

Permit No. 6826 OFFICE OF REGISTRAR OF VITAL ...

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ac... *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said dece... sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 6 1875 BALTIMORE. REGISTRAR'S DEPARTMENT

CERTIFICATE OF DEATH.

Date of Death, December 5th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Harriet V. Gregg

~~*Sex, Male*~~ *or Female,* {Cross out the word not required in this line.} Female

Age, 29 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Howard Co. Maryl'd.

Duration of Residence in the City of Baltimore, 15 years

Place of Death, {Give street and number.} 123 N. Gilmor St.

Cause of Death, First (Primary,) Phthisis

Second (Immediate,) Hæmorrhage

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, December 7th 1875

J. H. Butler M. D.
Medical Attendant.

Undertaker, Jacob Weaver

Place of Business, 446 Druid Hill Ave Address 444 Mulberry St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 1827

OFFICE OF REGISTRAR OF VITAL S

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ac... *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said de... sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 6 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 5 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ella Ruth Riley

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, *Years,* 4 *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Adopted by Geo. R. Riley from Protestant Infant Asylum

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 358 E. Madison St.

Cause of Death, First (Primary,) Congestion of the lungs & Bowels

Second (Immediate,)

Duration of Last Sickness, five days

All the above Information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, Dec 6 1875

Undertaker, James D Byrne

Place of Business, No 63 N Front St

Geo E Donelle M. D.
Medical Attendant.

Address 299 E. Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

Permit No. 6828 OFFICE OF REGISTRAR OF VITAL S

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *as* *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said d sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 6 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 6th 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George W. Washington

~~*Sex*~~, *Male or* ~~*Female*~~, {Cross out the word not required in this line.} Male

Age, ——— *Years,* ——— *Months,* 1 7 *Days.*

Color, Colored. *Sex,* Male

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.} Single

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 48 Penn St

Duration of Residence in the City of Baltimore, 1 7 days

Place of Death, {Give street and number.} 46 Penn St

Cause of Death, {First (Primary,) Erysipelas

{Second (Immediate,) Softening of the Brain

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Dec 6th 1875

{*Undertaker,* Wm Sims Son

{*Place of Business,* 45 Hanover St

J. A. Gillis M. D.
Medical Attendant.

Address 23 N. Greene St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL

Permit No. 1829

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said person, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 6 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 4th 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Harry Ware -

Sex, ~~*Male or Female,*~~ {Cross out the word not required in this line.} Male

Age, *Years,* 3 *Months,* 25 *Days.*

Color, African *Sex,* Male -

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. Md —

Duration of Residence in the City of Baltimore; Since birth —

Place of Death, {Give street and number.} Stockton ally. near Edmondson av.

Cause of Death, First (Primary,) Pneumonia

Second (Immediate,)

Duration of Last Sickness, Two weeks —

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Dec 6. 1875

Undertaker, Samuel W. Chase

Place of Business 18 N. Howard st

John J. King - *M. D.*
Medical Attendant.

Address Edmondson Ave -

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 1830 OFFICE OF REGISTRAR OF VITAL

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, filled out, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said person, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 11th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ebenezer Males

Sex, Male or Female, {Cross out the word not required in this line.}

Age, about 11 8 *Years,* *Months,* *Days.*

Color, Colored *Sex,* Males

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Drayman

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Somerset County Maryland

Duration of Residence in the City of Baltimore, about 12 years

Place of Death, {Give street and number.} No 8 Wayne

Cause of Death, First (Primary,) Second (Immediate.) Enteric fever

Duration of Last Sickness, about Seven weeks

All the above information should be furnished by the Physician.

Place of Burial, Somerset County MD

Date of Burial, Dec 7

Undertaker, W H Chase

Place of Business, No 1 St Paul & *Address* 141 Hanover St

J. C. Buck *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

(Transit 289)

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL

Permit No. 1831

The Physician who attended any person in a last illness is responsible for the presentation of this Certificat… *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of … sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 6 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 6,

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Olonza L. Wolford

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 2 *Years,* 7 *Months,* —— *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 361 Light

Cause of Death, First (Primary,) Scarlatina

Second (Immediate,) Diphtheria

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Lauden Park

Date of Burial, Dec 7 75

Undertaker, A Hamburg & Bro

Place of Business, 268 Light St

Address 46 Hanover St

Signature of Medical Attendant M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL

Permit No. 1832

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, filled out, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said person, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 6 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 4th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Matilda Johnson

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, about 75 *Years,* *Months,* *Days.*

Color, Colored *Sex,*

~~*Married, Single,*~~ *Widow* ~~*or Widower*~~, {Cross out the words not required in this line.}

Occupation, Cook

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Queen Anne County Maryland

Duration of Residence in the City of Baltimore, about 30 years

Place of Death, {Give street and number.} No 103 Dover Street

Cause of Death, {First (Primary,) Natural Causes. most likely
Second (Immediate.) Heart Disease

Duration of Last Sickness, one year

All the above information should be furnished by the Physician.

Place of Burial, Loudon Cemetery

Date of Burial, Dec 7th 1875

{*Undertaker,* John Thacher
{*Place of Business,* No 152 Camden *Address* 98 Lee Street

C.W.O. Donavin M. D.
~~Medical Attendant.~~
Coroner

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 1833 OFFICE OF REGISTRAR OF VITAL

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, filled out, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said person, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 5th 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } John Christian Sauer

Sex, Male ~~or Female,~~ { Cross out the word not required in this line. } Male.

Age, 74 *Years,* 7 *Months,* 22 *Days.*

Color, White *Sex,* Male

~~*Married, Single, Widow or*~~ *Widower,* { Cross out the words not required in this line. } Widower

Occupation, Carpenter

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Saxony Germany

Duration of Residence in the City of Baltimore, 36 years

Place of Death, { Give street and number. } 744 N Pratt St

Cause of Death, { First (Primary,) Bronchitis / Second (Immediate,) Dropsy (General)

Duration of Last Sickness, 6 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetary

Date of Burial, December 7th

Undertaker, J. B. Cook

Place of Business, 707 W. Baltimore St

J. A. Gillis M. D.
Medical Attendant.

Address 26 N. Greene St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 11834 OFFICE OF REGISTRAR OF VITAL S

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accura... the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or soone... so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Dec 6th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lee Shaw

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 1 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} No. 122 N. Caroline

Cause of Death, {First (Primary,) Spasms

{Second (Immediate,)

Duration of Last Sickness, First 2 Days

All the above information should be furnished by the Physician

Place of Burial, Balto Cemetery

Date of Burial, Dec 7 1875

{*Undertaker,* Wm Fry

{*Place of Business,* Broadway *Address*

M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children

[OVER.]

Board of Health, City of Baltimore,

Permit No. 1835

OFFICE OF REGISTRAR OF VITAL

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 5th Dec 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charity Johnson

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, about 3, 3 *Years,* *Months,* *Days.*

Color, Negro *Sex,* female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Laborer.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore city

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number.} 133. S. Durham Street

Cause of Death, First (Primary,) Bright's disease

Second (Immediate,) Hydrothorax

Duration of Last Sickness, unknown

All the above Information should be furnished by the Physician.

Place of Burial, Dallis st

Date of Burial, Dec 6. 75

Undertaker, John W. Locke

Place of Business, 59. S. Wolfe st

Martin Brewer M. D.

Medical Attendant.

Address, 201 W. Biddle St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL

Permit No. 1836

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate filled out, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of such person, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 1, A. D. 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Alden M. Calamison

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Six *Years,* two *Months,* *Days.*

Color, Mulatto *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No. 122 N. Durham St

Cause of Death, First (Primary,) Pneumonia

Second (Immediate,)

Duration of Last Sickness, Six Days

All the above information should be furnished by the Physician.

Place of Burial, Lowndes Cemetery

Date of Burial, Dec 6. 75

Undertaker, John W. Lock,

Place of Business, 59. & Wolfe st

Whitfield White M. D.
Medical Attendant.

Address No. 1166. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL

Permit No. 6837

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ... *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of sa... sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

... BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 24th 1873

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} David Hardesty

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 41 *Years,* 8 *Months,* 0 *Days.*

Color, White *Sex,* male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Enginier

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ball Md

Duration of Residence in the City of Baltimore, always

Place of Death, {Give street and number.} 30 maiden Lane

Cause of Death, First (Primary,) Pneumonia

Second (Immediate,) Phthisis

Duration of Last Sickness, 2 yrs

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Dec 27th 1873

John H Conner *M. D.*

Medical Attendant.

Undertaker, W. Fee

Place of Business, 34 N Broadway *Address* N. W. Cor Ball & Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 6837

SEE BACK OF THIS PERMIT.

HEALTH DEPARTMENT,

BUREAU OF RECORDS.

Baltimore, Dec 1 11 1875

Permission is Hereby Given to William Fry

Undertaker, to remove the Remains of David Hardesty

Age 4 Mos 8 Mos ; Date of Death Dec 5 11 1875

Cause of Death Pneumonia ; Occupation

Place of Birth Balto City ; Place of Death 30 Maiden Lane

To Baltimore Cemetery for Interment.

James A Steuart M. D.,
Commissioner of Health and Registrar.

the body to its Destination.

Board of Health, City of Baltimore,

Permit No. 1839

OFFICE OF REGISTRAR OF VITAL

The Physician who attended any person in a last illness is responsible for the presentation of this Certificat
out, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of
sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT DEC 7 1875 BALTIMORE

Date of Death, Decbr 4th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Rosa R. Wright

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 6 *Years,* 11 *Months,* 16 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Dunny Life

Place of Death, {Give street and number.} 305 Hanover st

Cause of Death, {First (Primary,) Diphtheria
Second (Immediate,)

Duration of Last Sickness, 9 Days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Dec 8th 1875

E Goverbaugh M. D.
Medical Attendant.

{*Undertaker* T. N. Todd
{*Place of Business,* 90 S. Howard's *Address* 372 W Balto st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 18140 OFFICE OF REGISTRAR OF VITAL

The Physician who attended any person in a last illness is responsible for the presentation of this Certificat... *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of s... sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec. 5th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles Legg

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 3 *Years,* — *Months,* 2 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} Burgundy Alley

Cause of Death, First (Primary,) Burns

Second (Immediate,)

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cy Theodore Cotta M. D.

Date of Burial, Dec 7th 1875 Medical Attendant.

Undertaker, H Gould Bro

Place of Business, Saratoga & *Address* 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 6841 . OFFICE OF REGISTRAR OF VITAL

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of sa sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT DEC 7 1875 BALTIMORE.

Date of Death, 6th Dec 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Katie Mc Wolf.

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 6 *Years,* 7 *Months,* 7 *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 167 Clement & Shut

Cause of Death, {First (Primary,) Hollé Membranous Croup
Second (Immediate,) Suffocation

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Bath Cemt

Date of Burial, Dec 8th 1875

Undertaker, Armstrong & Iden

Place of Business, 263 Light St

Wm W Dodge M. D.
Medical Attendant.

Address 201 Haven St Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...special attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on b...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL S...

Permit No. 18242

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, a... *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said ... sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 7 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Dec 6th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Anne Henkle

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 20 *Years,* —— *Months,* —— *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Sewing Machine Operator

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, her whole life

Place of Death, {Give street and number.} died on removal to the Lombard St Infirmary from 180 Lee St

Cause of Death, First (Primary,) Typhoid fever Second (Immediate,)

Duration of Last Sickness, 29 days

All the above information should be furnished by the Physician.

Place of Burial, Balt Cemetery

Date of Burial, Dec 7th 1875

Undertaker, Henry Hoeck

Place of Business, 309 Central Ave

J McHoward M. D.

Medical Attendant.

Address 228 Saratoga St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...SPECIAL ATTENTION OF PHYSICIANS IS RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES OR EA...

Board of Health, City of Baltimore,

Permit No. 6843 OFFICE OF REGISTRAR OF VITAL ST...

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately* ... the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, i... so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 7 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 6th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Staggerdon

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.} Female

Age, 21 *Years,* 8 *Months,* ..... *Days.*

Color, White

Married, ~~Single, Widowed or Widower,~~ {Cross out the words not required in this line.} Married

Occupation, [redacted]

Birth-place, {State or country (and how long in the United States, if of foreign birth)} Germany

Duration of Residence in the City of Baltimore. Ten years

Place of Death, {Give street and number} No 421 Alicanna St

Cause of Death, {First (Primary.) Puerperal Fever / Second (Immediate,)}

Duration of Last Sickness, Two days

All the above information should be furnished by the Physician

Place of Burial, Mount Carmel Cemetary

Date of Burial, December 7th 1875

Undertaker, Henry Froelich,

Place of Business, No 246 Eastern Ave.

Thomas B. Evans M. D.
Medical Attendant.

Address No 18 Jackson Square

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children

[OVER.]

E T Y ▲ F I L

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL S

Permit No. 6824

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *as soon as possible after death*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said person, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 7 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Dec. 6 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jessie Habel

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 69 *Years,* *Months,* *Days.*

Color, White *Sex,* /

Married, Single, Widow or Widower, {Cross out the words not required in this line.} married

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 32 years

Place of Death, {Give street and number.} 47 Watson St

Cause of Death, First (Primary,) Haematuria

Second (Immediate.)

Duration of Last Sickness, 12 days

All the above information should be furnished by the Physician.

Place of Burial, Hebrew Cemetery Horace M Amoss M. D.

Medical Attendant.

Date of Burial, Dec 8th

Undertaker, Wm Elam

Place of Business, 101 Gough St *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

KODAK SAF

Board of Health, City of Baltimore,

Permit No. 0845 OFFICE OF REGISTRAR OF VITAL

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, [illegible] *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said [illegible] sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 7 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Dec. 6th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Fredk Leutner,

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 60 *Years,* *Months,* 21 *Days.*

Color, Wh. *Sex,* Male

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Carpenter,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany,

Duration of Residence in the City of Baltimore, 34 Years.

Place of Death, {Give street and number.} 278, S. Sharp St

Cause of Death, First (Primary,) Pneumonia,

Second (Immediate,)

Duration of Last Sickness, two weeks,

All the above information should be furnished by the Physician.

Place of Burial, Greidhill Burialground

Date of Burial, Dec. 8th 1875

R. J. H. Tall, M. D.
Medical Attendant.

Undertaker, Adam Weidemeyer *Address* 158 S. Sharp St.

Place of Business, 518½ W. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

K

Board of Health, City of Baltimore,

Permit No. 6846 OFFICE OF REGISTRAR OF VITAL S

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, [illegible] *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said [illegible] sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 7 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 6th 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Samuel Watkins

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, Two *Years,* Three *Months,* — *Days.*

Color, Black *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 87 Canal Alley

Cause of Death, {First (Primary,) Acute Phthisis

{Second (Immediate,) Haemorhage. (Haemoptysis)

Duration of Last Sickness, Two months.

All the above information should be furnished by the Physician.

Place of Burial, Locust Cemetery

Date of Burial, Dec 7, 1875

{*Undertaker,* Samuel McGhan

{*Place of Business,* 169 Howard

W. E. Mosely *M. D.*
Medical Attendant.

Address 169 W. Biddle St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

Permit No. 6847 OFFICE OF REGISTRAR OF VITAL

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said person, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 7 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 6th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Rosa Witecky

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, ——— *Years,* 7 *Months,* 4 *Days.*

Color, White *Sex,* female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ———

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 277 S. Anne st

Cause of Death, First (Primary,) Scarlet fever

Second (Immediate,) Nephritis

Duration of Last Sickness, three weeks

All the above information should be furnished by the Physician.

Place of Burial, St. Stephanus Cemetery St. Burlington Co

Date of Burial, Dec. 7 th.

Undertaker, W. Diffet

Place of Business, South Bond st. 151 *Address* 12 S Eden th

M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 1848 OFFICE OF REGISTRAR OF VITAL S

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, a... *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said... sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 7 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Dec 7th 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } John Wujand

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Color, White *Years,* 7 *Months,* *Days.*

Number, *Sex,*

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Corner Monument & Castle 215 Baltimore

Duration of Residence in the City of Baltimore, 7 Mos

Place of Death, { Give street and number. } Monument & Castle 215

Cause of Death, { First (Primary,) Capillary Bronchitis / Second (Immediate,) Atelectasis

Duration of Last Sickness, Two days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, Dec 8, 1875

Undertaker, Ch Lobering

Place of Business, 136 E Pratt St

E Jer Wallis M. D.

Medical Attendant.

Address 181 E Monument St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 6849 OFFICE OF REGISTRAR OF VITAL S

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *c*
out, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said
sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 7 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 6th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sarah Hawkins

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, ____ *Years,* 5 *Months,* 16 *Days.*

Color, black *Sex,* female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Rear - building of No 207 Conway

Cause of Death, First (Primary,) Convulsions

Second (Immediate,)

Duration of Last Sickness, one day

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, 8th December

Undertaker, Samuel Chase

Place of Business, C. Montgomery No 198 & Howard St

L. F. Reinhart M. D.
Medical Attendant.

Address 224 W Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 1850 OFFICE OF REGISTRAR OF VITAL S

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurat* the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or soone so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPT. DEC 7 1895 BALTIMORE

Date of Death, Dec 6 1895

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Ann Dorsey

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 64 *Years,* *Months,* *Days.*

Color, C L

Married, ~~*Single,*~~ ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Formerly Nurse

Birthplace, {State or country (and how long in the United States, if of foreign birth.} A. A. Co Md

Duration of Residence in the City of Baltimore. Entire

Place of Death, {Give street and number.} 40 Hill St

Cause of Death, First (Primary,) Chronic Pyelitis

Second (Immediate,) Exhaustion

Duration of Last Sickness, day Entire

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, 8 of Dec

Undertaker, H H Phase

Place of Business, No 19 Howard

L. Shelton M. D.
Medical Attendant.

Address 104 Hoyt St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 6857

OFFICE OF REGISTRAR OF VITAL S

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accura*
the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or soone
so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 7 1915 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 7th Dec,

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Josefh Gorman

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, —— *Years,* —— *Months,* 8 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 10 Clark St.

Cause of Death, {First (Primary.) / Second (Immediate.)} Hemmorhage from Umbilicus

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Cathedral

Date of Burial, Dec 7

Undertaker, Joseph F Byrne

Place of Business, 39 a Liberty *Address* 89 N. Green St.

J. H. Keidel *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...respectfully invited to the remarks below, and to List of Diseases on ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL S...

Permit No. 1852

The Physician who attended any person in a last illness is responsible for the presentation of this Certificat... *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of such de... sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH D... DEC 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, December 7th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles Howard McKee

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 13 *Years,* 8 *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 131 Dolphin St

Cause of Death, First (Primary,) Rheumatism of the Heart

Second (Immediate,)

Duration of Last Sickness, 13 days.

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, December 9th 1875.

Undertaker, Jacob Weaver

Place of Business, Nos 4 & 6 Druid Hill Ave *Address* 201 Madison Ave

P. C. Williams M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 1853 OFFICE OF REGISTRAR OF VITAL S

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, a... *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said ... sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 8 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Dec 7th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Louisa Martin

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 27 *Years.* *Months,* *Days.*

Color, White *Sex,* Female

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany - 4 Years in U.S.

Duration of Residence in the City of Baltimore, Six months

Place of Death, {Give street and number.} Cor of Bond & Lancaster

Cause of Death, {First (Primary,) Phthisis Pulmonalis
Second (Immediate,)

Duration of Last Sickness, Two (2) Years

All the above information should be furnished by the Physician.

Place of Burial, St Paulus Cemetery Geo. L. Reynolds M. D.
Medical Attendant.

Date of Burial, December 8th.

Undertaker, Leonhard Kurz *Address* 84 North Calvert

Place of Business, S. Bond St N 257.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 18524 OFFICE OF REGISTRAR OF VITAL S

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accura* the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or soone so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT DEC 8 1875 BALTIMORE

Date of Death, Dec 7th 75

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mark R. Taylor

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 26 *Years,* ——— *Months,* ——— *Days.*

Color, White

Married, ~~Single, Widow or Widower~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Born in Balto

Place of Death, {Give street and number.} 80 S. Carey St.

Cause of Death, {First (Primary,) / Second (Immediate,)} Pulmonary Consumption

Duration of Last Sickness, About one year

All the above Information should be furnished by the Physician.

Place of Burial, Mount Olivet Cem. J. H. Keller *M. D.*

Date of Burial, Dec 9th 1875 Medical Attendant.

Undertaker, Jacob Weaver

Place of Business, No 486 Druid Hill Address 89 N. Greene St.
Greene

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of Illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 6855 OFFICE OF REGISTRAR OF VITAL

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of sa sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 8 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 8th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Andrew. S. Sefler

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 4 *Years,* — *Months,* — *Days.*

Color, White

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} #216 S. Charles St

Cause of Death, {First (Primary,) / Second (Immediate,)} Pneumonia

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemt

Date of Burial, Dec 9 1875

Geo. W. Jenson M. D.
Medical Attendant.

Undertaker, H. W. Denkinst

Place of Business, 16 Light St Address 414 Hanover St City

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 6856 OFFICE OF REGISTRAR OF VITAL S

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accur* the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or soo so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT DEC 8 1875 BALTIMORE.

Date of Death, Dec 7th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wm Ges Seliger

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 23 *Years,* *Months,* *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line}

Occupation, Butcher

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt city

Duration of Residence in the City of Baltimore, Fifteen "

Place of Death, {Give street and number.} 13 Booth st

Cause of Death, First (Primary,) unknown

Second (Immediate,) Natural Causes

Duration of Last Sickness,

All the above information should be furnished by the Physician

Place of Burial, Laurel Cemetary

Date of Burial, Dec 8 - 1875

Undertaker, John C. Gordon

Place of Business, 63 Park Ave

Geo C Gilmore *M. D.*
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

Board of Health, City of Baltimore,

Permit No. 1857. OFFICE OF REGISTRAR OF VITAL S

The Physirian who attended any person in a last illness is responsible for the presentation of this Certificate, *accurat* the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or soone so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT DEC 8 1875 BALTIMORE

Date of Death, Dec. 7. 75

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sarah Wellmin

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 7 *Years,* 4 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, As above

Place of Death, {Give street and number.} #30 Anthony St.

Cause of Death, {First (Primary,) Scarlatina

{Second (immediate,) " Nephritis

Duration of Last Sickness, 12 Days

All the above information should be furnished by the Physician

Place of Burial, Ohel Shalom Cem's

Date of Burial, Dec 8th 1875

Undertaker, William Edlow

Place of Business,

Geo. H. Hartman M. D.
Medical Attendant.
N. Eutaw

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of Illegitimate children

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL S

No. 1858

...ne Physician who attended any person in a last illness is responsible for the presentation of this Certificate, a... , to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said ... sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 3 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Dec 1st

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Wm H. Bolton

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, 37 *Years,* — *Months,* — *Days.*

Color, White *Sex,* male

Married, ~~Single, Widow or Widower~~, { Cross out the words not required in this line. }

Occupation, Merchant

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 64 N. Front St

Cause of Death, { First (Primary,) Congestion of Lungs, Second (Immediate,) about 5 days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemy

Date of Burial, Dec 8th 75

H. Scott M. D.
Medical Attendant.

Undertaker, Thos S Hughes

Place of Business, 111 E Balto *Address* 148 Mulberry St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

No. 1859 OFFICE OF REGISTRAR OF VITAL S

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, a... to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said d... sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 8 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 7. 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George Mitchell

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 23 ~~Months~~ Years, 4 Months, Days.

Color, White *Sex,* Male

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.} Single

Occupation, Clerk or Salesman

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, as above

Place of Death, {Give street and number.} # 190 N. Central av.

Cause of Death, First (Primary,) Scarlatina Maligna

Second (Immediate,) Convulsions

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, December 9th 1875.

Undertaker, John D. Weaver

Place of Business, # 22 W. Fayette St.

C. A. Hartman M. D.
Jr. Son
Medical Attendant.

Address # 305 N. Caroline

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

Permit No. 4840 OFFICE OF REGISTRAR OF VITAL S

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *acc* *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said de sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 9 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, December 7 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Mary M Fitzgerald

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 81 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number.} 21 N. Paca St

Cause of Death, First (Primary,) Enteralgia

Second (Immediate,)

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, Dec 9th 1875

S. W. Milton Jr. M. D.
Medical Attendant.

Undertaker, Wm Conrad

Place of Business, 31 Park Av. *Address* 121 W. Monument St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 1861 OFFICE OF REGISTRAR OF VITAL S

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accu* *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said dec sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT DEC 8 1875 BALTIMORE

Date of Death, Dec 6

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Magdalena Zinkof

~~*Sex, Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 37 *Years,* *Months,* *Days.*

Color, white *Sex,*

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, Fifteen Years

Place of Death, {Give street and number.} 256 East St

Cause of Death, First (Primary,) Cardiac Paralysis

Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cemetry Jas. Carter M. D.

Date of Burial, 8 Dezember Medical Attendant.

Undertaker, Hendelton Dipple *Address* 386 Fayette St

Place of Business, 151 S. Bond Str.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL S

Permit No. 4862

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, [illegible] *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said de[illegible] sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 2 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Dec. 7. 75

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles Howard

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 2 *Years,* 4 *Months,* *Days.*

Color, Negro *Sex,* Male

~~Married, Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, 2 yrs. 4 mos.

Place of Death, {Give street and number.} 11 & Mulberry Sts.

Cause of Death, First (Primary,) Capillary Bronchitis

Second (Immediate,) Asphyxia

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Dec 9th 1875

Undertaker, Wm. A. Lunze

Place of Business, rear 104 East St

W. J. O'Reilly M. D.
Medical Attendant.

Address 235. N. Broadway.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL ST

Permit No. 6863,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accu* *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said decea sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 8 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Dec 6th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jane Monroe

Sex, ~~Male~~ *Female,* {Cross out the word not required in this line.}

Age, 42 *Years,* [redacted] *Months,* *Days.*

Color, Colored *Sex,*

Married, ~~Single, Widow or Widower~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 42 years

Place of Death, {Give street and number.} No 36 N Dallas St

Cause of Death, First (Primary,) Hepatitis

Second (Immediate,) 3 weeks

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Dec 8th 1875

Undertaker, J. H. & C. Burgee

Place of Business, No 164 East St

Samuel Powell M. D.
Medical Attendant.

Address No 29 Aisquith St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 4864 OFFICE OF REGISTRAR OF VITAL ST

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accur* *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said dec sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 6 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Dec 4th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Leo Brank

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 59 *Years,* 6 *Months,* — *Days.*

Color, White *Sex,* Male

Married, ~~Single, Widow or Widower~~ {Cross out the words not required in this line.}

Occupation, Grocer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany.

Duration of Residence in the City of Baltimore, 29 years

Place of Death, {Give street and number.} 63 d Lexington St

Cause of Death, First (Primary,,) Phthisis Pulmonalis

Second (Immediate,)

Duration of Last Sickness, About 5 months

All the above information should be furnished by the Physician.

Place of Burial, Saint Alphasus cemetery

Date of Burial, Dec 8th 1875

R. K Knaus M. D.
Medical Attendant.

Undertaker, H B Loth

Place of Business, No 707 W. Baltimore Street Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of Illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 1865 — OFFICE OF REGISTRAR OF VITAL ST

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accur* *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said decea sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 8 1875

CERTIFICATE OF DEATH.

Date of Death, December 7th 1875 (Eckhardt)

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charlotte Amanda Eckhardt

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.} Female

Age, 3. *Years,* 1 6 *Months,* 5 *Days.*

Color, White *Sex,* Female

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. Md.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} N.E. cor. Central Av. and Pratt St.

Cause of Death, First (Primary,) Scarlatina

Second (Immediate,)

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Dec 9. 1875

P. L. Simmons M. D.
Medical Attendant.

Undertaker, Ch. Koenig

Place of Business, 136 E. Fayette St. *Address* 73 E. Pratt Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

Permit No. 6866 OFFICE OF REGISTRAR OF VITAL ST

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *occup* the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner. I so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 9 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Dec. 8th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Amelia Jacobs.

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ... *Years,* 15 *Months,* ... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 62 13 Block St.

Cause of Death, {First (Primary,) Meningitis

Second (Immediate,)

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician

Place of Burial, St. Paul's G. U. R. Cemetery

Date of Burial, Dec. 7th 1875

{*Undertaker,* Caspar Eckhart

{*Place of Business,* 269 Canton Ave.

James D. H. Shaw M. D.
Medical Attendant.

Address 254 Eastern Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 6867 OFFICE OF REGISTRAR OF VITAL ST

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accu*
out, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said dec
sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 9 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Dec 8th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Eliza Rush

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, Sixty two *Years,* — *Months,* — *Days.*

Color, White *Sex,* Female

~~*Married, Single,*~~ *Widow* ~~or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Co Md

Duration of Residence in the City of Baltimore, Ten weeks

Place of Death, {Give street and number.} 161 Linden Av

Cause of Death, First (Primary,) Hypertrophy of the heart

Second (Immediate,) Gangrenous Erysipelas of foot & leg from diffuse distention — Paralysis of left side 24 hours before death

Duration of Last Sickness, two years

All the above information should be furnished by the Physician.

Place of Burial, Bel Air Harf Co

Date of Burial, Dec 9th 1875

Undertaker, Chas T Scriven

Place of Business, 211 N. Eutaw st

Elias C Price M. D.
Medical Attendant.

Address 262 Madison Av

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Interment 288

...ompanying notice to the Parents below, and to List of Diseases on B...

Board of Health, City of Baltimore,

Permit No. 6868

OFFICE OF REGISTRAR OF VITAL ST...

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

HEALTH DEPT. DEC 9 1875 BALTIMORE.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 9th 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Lizzie A. Lacey

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 11 *Years,* 4 *Months,* 16 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Washington D. C.

Duration of Residence in the City of Baltimore, 5 Years

Place of Death, { Give street and number. } No 32 S Paca St

Cause of Death, { First (Primary,) Hip Joint Disease

Second (Immediate,)

Duration of Last Sickness, 11 Months

All the above information should be furnished by the Physician.

Place of Burial, St Peters

Date of Burial, Dec 9th 1875

Undertaker, Joseph Byrne

Place of Business, 89 n Liberty *Address* No 213 N. Eutaw St

Pinkney M Foster *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL ST.

Permit No. 6869

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, properly filled out, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 9 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Dec 8th 1875.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents } for Edmund Hillegeist

Sex, Male or Female, { Cross out the word not required in this line. } .....

Age, 50 *Years,* 5 *Months,* —— *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, { Cross out the words not required in this line }

Occupation, Physician

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Hanover Germany

Duration of Residence in the City of Baltimore, 23 years

Place of Death, { Give street and number. } 182 E. Lombard St.

Cause of Death, { First (Primary,) Old Age

{ Second (Immediate,)

Duration of Last Sickness, about a year

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Co. Md.

Date of Burial, December 9th

Medical Attendant. 182 E Lombard St M. D.

{ *Undertaker,* Andrew Fry

{ *Place of Business,* 265 Lombard St *Address* Balto Md

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 1870

OFFICE OF REGISTRAR OF VITAL ST[illegible]

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

[illegible] DEPARTMENT DEC 9 1875 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Dec 8th 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents } Walter Irving Cummins

~~*Sex,* Male or Female,~~ { Cross out the word not required in this line. } Male

Age, 1 *Years,* 1 *Months,* 23 *Days.* 23

Color, White *Sex.* Male

~~*Married, Single, Widow or Widower,*~~ { Cross out the words not required in this line. }

Occupation, [illegible]

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } 184 N Calhoun St

Cause of Death, { First (Primary,) Dysentery

Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Philadelphia Pa

Date of Burial, Dec 10th 1875

Undertaker, Hughes & Co

Place of Business, No 530 W Fayette St

J N M'Sherry M. D.
Medical Attendant.

Address 121 W Lexington St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Transit 289

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL ST

Permit No. 4871

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately* ... the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requ... so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 8 75

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Walbeck

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 46 *Years,* 7 *Months,* *Days.*

Color, White

Married, ~~Single~~, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Baggageman

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 21 years

Place of Death, {Give street and number.} 330 Sharp St (South)

Cause of Death, {First (Primary,) Murbus Brightii

Second (Immediate,) Anasarca

Duration of Last Sickness, Acute Kidney

All the above information should be furnished by the Physician

Place of Burial, Dec 10 1875

Date of Burial, Baltimore cemetery

Undertaker, Charles F. Herrold

Place of Business, 161 Hanover St *Address* 161 Hanover St

S. Shuster *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 1872

OFFICE OF REGISTRAR OF VITAL STA

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 9 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 8th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie Maggie Schaumloffel

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 3 *Years,* 7 *Months,* 27 *Days.*

Color, W *Sex,* F

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 480 Pennsylvania Av

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 480 Pa av

Cause of Death, {First (Primary,) obscure disease of Brain
Second (Immediate,) Convulsions

Duration of Last Sickness, over 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Dec 10 - 1875

{*Undertaker,* J. B. Cook ~~& Co~~
Place of Business, Balto st

C Winslow M. D.
Medical Attendant.

Address 23 W Cullod st
Balto

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 6873 OFFICE OF REGISTRAR OF VITAL ST...

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately* ... *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, o... sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 7

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Catherine Breiner

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 55 *Years,* 8 *Months,* *Days.*

Color, White *Sex,* Female

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Housewife

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 20 Years

Place of Death, {Give street and number.} 34 Biddle alley

Cause of Death, {First (Primary,) Acute Meningitis
{Second (Immediate,)

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetary

Date of Burial, Dec 9th 1895

Geo L. Rice M. D.
Medical Attendant.

{*Undertaker,* Andrew Leitz
{*Place of Business,* 118 Druid Hill Ave *Address* 62 Park Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 6874 OFFICE OF REGISTRAR OF VITAL STAT

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 31 1873 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 8th 1873

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Lilly Baxter

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 9 *Months,* 11 *Days.*

Color, Colored *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 90 N. Bethel.

Cause of Death, First (Primary,) Pneumonia

Second (Immediate,)

Duration of Last Sickness, 3 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, December 11th 1873

Lemuel T. Jones, M. D.
Medical Attendant.

Undertaker, Wm. H. Lange

Place of Business, 110 W. Eutaw St. Address 130 Jefferson St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATI

Permit No. 1878

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Baltimore December 8th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named give names of parents.} William A Brice

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male Infant

Age, Years, Four Months, Days.

Color, Colored

~~Married~~, Single, Widow or Widower, {Cross out the words not required in this line} Infant

Occupation, Nothing

Birthplace, {State or country (and how long in the United States, if of foreign birth} Baltimore Maryland

Duration of Residence in the City of Baltimore, Resident

Place of Death, {Give street and number.} No 137 Hill St

Cause of Death, First (Primary,) Tuberculer Meningitis

Second (Immediate,) Convulsion

Duration of Last Sickness, Five days

All the above information should be furnished by the Physician

Place of Burial, Annapolis Maryland.

Date of Burial, Dec 9th 1875

Undertaker, William A. Lange

Place of Business, No 104 East St

L. D. Dyer M. D.

Medical Attendant.

Address No 146 Hill St Baltimore Md

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Transit 290

[OVER.]

Board of Health, City of Baltimore,

Permit No. 1876 OFFICE OF REGISTRAR OF VITAL STATI

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled* to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 9 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, on the 8 December 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Harry Semar Eyssler

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 5 *Years,* 2 *Months,* 20 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Britton St No 86

Cause of Death, {First (Primary,) Bright's Disease of Kidneys,
Second (immediate,)

Duration of Last Sickness, About 4 weeks.

All the above information should be furnished by the Physician

Place of Burial, Baltimore Cemetery

Date of Burial, Friday morning 10

Undertaker, John B. Rodemajer

Place of Business, N E Cor Lemmon and Ann & Monument Sts

Jno H Hemmeter M. D.
Medical Attendant.

Address 130 N. Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATIS

Permit No. 6877.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if required so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec. 9. 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} ~~Anthony~~

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, *Years,* *Months,* 14 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth)} Foundling

Duration of Residence in the City of Baltimore, 5 days

Place of Death, {Give street and number.} St Vincents Infant Asylum

Cause of Death, First (Primary,) Congenital Syphilis

Second (Immediate,) Convulsions

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, Dec 10th 1875

Undertaker, Sisters

Place of Business, Institution

Maubury Brewer M. D.
Medical Attendant.

Address 201 W. Biddle St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 6878 OFFICE OF REGISTRAR OF VITAL STA

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE obtained WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 9 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, December 8th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Rosalie Schnelzer

Sex, Male or Female, {Cross on the word not required in this line.} Female

Age, 7 *Years,* 7 *Months,* 5 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ———

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and number.} 396. S. Charles St.

Cause of Death, First (Primary,) Scarlet fever

Second (Immediate,) Dropsy

Duration of Last Sickness, 17 days.

All the above information should be furnished by the Physician.

Place of Burial, H. Ashburners

Date of Burial, Dec 10 1875

Undertaker, C. F. Krause

Place of Business, 309 Hanover st

J. H. Smith M. D.
Medical Attendant.

Address 108 S. Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

FILM

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATIS

Permit No. 1879.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately f* *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 3 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec. 9th.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Michael Lehmeier

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 69. *Years,* — *Months,* — *Days.*

Color, White *Sex,* Male

Married, ~~Single, Widow or Widower~~, { Cross out the words not required in this line. }

Occupation, Laborer

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 38 years

Place of Death, { Give street and number. } 25 alleys alley

Cause of Death, { First (Primary,) — Second (Immediate,) Phthisis

Duration of Last Sickness, 6. years

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, Dec 11th 1879

Sherdon Cook M. D.
Medical Attendant.

Undertaker, C. F. Krause

Place of Business, 209 Hanover st. *Address* 148 Hanover st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deatbs of illegitimate children.

[OVER.

K S A F E T Y

...ATIONS IS RESPECTFULLY INVITED TO THE REMARKS BELOW, AND TO LIST OF DISEASES ON BACK...

Board of Health, City of Baltimore,

Permit No. 1880

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *personally filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if required so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 9 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, December 9th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Anna M. Nichols

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.} Female

Age, Sixty *Years,* ... *Months,* ... *Days.*

Color, White

~~Married, Single~~, *Widow* ~~or Widower~~, {Cross out the words not required in this line.} Widow

~~Occupation~~,

Birthplace, {State or country (and how long in the United States, if of foreign birth)} Germany

Duration of Residence in the City of Baltimore, 28 years

Place of Death, {Give street and number.} No 378. Eastern Avenue

Cause of Death, {First (Primary,) Strangulated Hernia. Second (Immediate,)}

Duration of Last Sickness, Six days

All the above Information should be furnished by the Physician

Place of Burial, Western Cemetery

Date of Burial, December 11th, 1875

Undertaker, John C. Schuh

Place of Business, No 265. Aliceana st

Thomas L. D. Evans M. D.
Medical Attendant.

Address No 18 Jackson Square

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

KODA

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 1881

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 9 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, December 7th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George. Conrad. Hoffman

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 2 *Years,* 9. — *Months,* 15. — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth} Baltimore Md —

Duration of Residence in the City of Baltimore. all his life

Place of Death, {Give street and number.} 361. Caston ave — Corner

Cause of Death, First (Primary.) Chronic Cough

Second (Immediate,) — about one week

Duration of Last Sickness,

All the above information should be furnished by the Physician

Place of Burial, Mt Carmel Cem'y

Date of Burial, Dec 10th 1875

C. C. Dithmar M. D.
Medical Attendant.

Undertaker, John C. Schuck

Place of Business,

Address 8 E. Fayette

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 1882 — OFFICE OF REGISTRAR OF VITAL STATIS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately f... out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 9 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Dec. 9th 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Eliza Gordon

Sex, ~~Male or~~ *Female,* { Cross out the word not required in this line. }

Age, ~~Years,~~ 15 *Months,* ~~Days.~~

Color, White *Sex,*

~~*Married,*~~ *Single,* ~~Widow or Widower;~~ { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, { Give street and number. } 48 Gough St.

Cause of Death, { First (Primary,) Membranous Croup

{ Second (Immediate,)

Duration of Last Sickness, Four Days

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Dec 10th

A. F. Erich M. D.
Medical Attendant.

{ *Undertaker,* J. P. Byrne

{ *Place of Business,* 63 N. Front *Address* 94 S. Broadway.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 1883, OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 9 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Dec. 9th 75

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Francis P. McGuire

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 3 *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Cor, Asher Charles Sts

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} Cor John & Charles St.

Cause of Death, First (Primary,) Phthisis

Second (Immediate,)

Duration of Last Sickness, 1 Year

All the above information should be furnished by the Physician.

Place of Burial, St Patrick Grave

Date of Burial, December 9th 1875

Undertaker, Jos Rodemier

Place of Business, N C R R

Jno. Burke Boyle M. D.
Medical Attendant.

Address 174 E. Eager St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 6884

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 10 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Dec 9th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ann Cabley & John Casey (Parents)

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, — *Years,* — *Months,* 7 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore. Life

Place of Death, {Give street and number.} 25 Jackson St

Cause of Death, {First (Primary,) / Second (Immediate,)} Indigestion

Duration of Last Sickness, all its life

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cem

Date of Burial, Dec 10 1875

Undertaker, Jas P. Byrne

Place of Business, 7 Lord St

Samuel Shively M. D.

Address Commissioners of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Information by Ursula T. Chrisner Midwife

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1885

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 10 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Dec 9th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Walter Dagan

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 8 *Years,* ——— *Months,* ——— *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} Stephen Alley — (adjoining 8 Low St)

Cause of Death, {First (Primary.) / Second (Immediate.)} Consumption

Duration of Last Sickness, Nearly all his Life —

All the above information should be furnished by the Physician

Place of Burial, E. Potters Field

Date of Burial, Dec 10th 1875.

Undertaker, Wm Donovan

Place of Business, 148 S. Central Ave

James A Steuart M. D.

~~Medical attendant~~

Address Commissioners of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Information by, Elizabeth Dagan — Mother

Board of Health, City of Baltimore,

Permit No. 1886 — OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 10 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 10th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Reisemann

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, *Years,* *Months,* 8 *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Wyeth Ave 4.

Cause of Death, { First (Primary,) Croup
Second (Immediate,)

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, December 11

D. L. Buddenbock *M. D.*
Medical Attendant.

{ *Undertaker,* Andrew. Knell
{ *Place of Business,* 206 Columbia St *Address* 11-16 Columbia Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1887

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 10 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Dec 8th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James M. Hart

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 50 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Carpenter

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt°

Duration of Residence in the City of Baltimore, 50 years.

Place of Death, {Give street and number.} 118 Preston St

Cause of Death, {First (Primary,) I never saw the man until he was

{Second (Immediate.) dying & dont know the cause of death,

Duration of Last Sickness, said to be three years & the previous

All the above information should be furnished by the Physician. physician pronounced him to have

Place of Burial, Mt. Olivet. skin disease

Date of Burial, December 10th 1875. E Winslow M. D.

Medical Attendant.

Undertaker, Wm. H. Hickman.

Place of Business, 234 N. Gay St. *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 1888

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 10 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, December 9th 1890

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ann Tyler

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, Seventy *Years,* *Months,* *Days.*

Color, White *Sex,* Female

~~Married, Single,~~ *Widow or* ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Boston Mass

Duration of Residence in the City of Baltimore, Fifty Eight years

Place of Death, {Give street and number.} No 50 N. Exeter St.

Cause of Death, {First (Primary,) Pneumonia

{Second (Immediate,) 6

Duration of Last Sickness, Five (5) days.

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, Dec 11th 1890

Linnæus Ecclestt M. D.
Medical Attendant.

{*Undertaker,* Thos A Higgins

{*Place of Business,* 10 E Balto Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 1889 — OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT DEC 10 1875

Date of Death, Dec 7th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Joseph B. Barlow & Kate Barlow Parents

Sex, Male ~~or Female~~, {Cross out the word not required in this line,}

Age, ~~Years,~~ *Months,* 15 Minute ~~Days.~~

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 10 S. Whalcoat St

Cause of Death, {First (Primary,) Premature Birth

{Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician

Place of Burial, Howard Co

Date of Burial, Dec 10th 1875

{*Undertaker,* Parents

{*Place of Business,* 10 Whalcoat St

James A. Steuart M. D.
Health Department

Address Commiss of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children

Information by Joseph B. Barlow (Father)

[OVER.]

Board of Health, City of Baltimore,

Permit No. 1890

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 10 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Dec 9th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Wolbert

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 1 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 23 Calverton Road

Cause of Death, { First (Primary,) Pneumonia
Second (Immediate,)

Duration of Last Sickness, 2 Weeks

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, Dec 11th 1875

{ *Undertaker,* John P. Paulus
{ *Place of Business,* 66 Frederick Ave

Geo. H. Dare M. D.
Medical Attendant.

Address 91 Frederick Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1891

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 10 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, ~~December~~ 8th — 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Ann Henderson

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, 67 — *Years,* — *Months,* — *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.} married

Occupation, wife

Birthplace, {State or country (and how long in the United States, if of foreign birth)} Germany

Duration of Residence in the City of Baltimore. 30 years —

Place of Death, {Give street and number} 414 E. Fayette St

Cause of Death, {First (Primary,) old age

Second (Immediate,) de —

Duration of Last Sickness, 5 days —

All the above information should be furnished by the Physician

Place of Burial, St. Alphonsus Cemetery

Date of Burial, Dec. 10

Medical Attendant. M. D.

Undertaker, H. Sifford

Place of Business, South Bond St 151 *Address* 8 E. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1892

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 10 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 9 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Atkinson

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 4 days ~~Years~~, *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Balto City No 12 Baker st

Cause of Death, First (Primary,) Convulsions

Second (Immediate.)

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetary H. A. Hamill

Date of Burial, Dec 10th 1875 S. S. Hamill M. D.

Medical Attendant.

{*Undertaker,* Andrew Lutz

{*Place of Business,* 1182 Druid Hill Ave Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6893

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 10 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 8th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Augusta Koch

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 48 *Years,* 7 *Months,* 6 *Days.*

Color, *Sex,* female

~~*Married, Single,*~~ *Widow or* ~~*Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country. (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 26 Years

Place of Death, {Give street and number.} 454 W. Pratt St

Cause of Death, First (Primary,) Consumption lungs

Second (Immediate,) Marasmus

Duration of Last Sickness, 4 months

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetry

Date of Burial, Dec. 10th 1875

Undertaker, Adam Weidemeyer

Place of Business, 518½ W. Baltimore Str.

L Stillwaret M. D.
Medical Attendant.

Address 87 W Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1894

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 10 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 9

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Willie H. Robins

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, ~~—~~ *Years,* 2. *Months,* 29 - *Days.*

Color, ~~Black~~ white *Sex,* Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, { Give street and number. } 36 William st

Cause of Death, { First (Primary,) Scrofula
Second (Immediate,) Congestion of the Lungs

Duration of Last Sickness, Since Birth

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Sanitary

Date of Burial, 10 December

Undertaker, A Stackhouse

Place of Business, 345 Light St. *Address* 146 Hanover St

[signature] M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

Permit No. 1895

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 10 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 9th 75

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wilson P. Read

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 41 *Years,* *Months,* *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Artist

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Dont know

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Maryland Penitentiary

Cause of Death, First (Primary,) Pulmonary Phthisis

Second (Immediate,)

Duration of Last Sickness, Six years

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Dec 10 1875

Jno. Burke Boyle M. D.
Medical Attendant.

Undertaker, Jacob Weaver

Place of Business, 446 Broad Hollow *Address* 174 E. Eager st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...previously entered on the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6896

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

DEC 12 1895 BALTIMORE MD

Date of Death, December 9th 1895

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Alexander Frick

Sex, ~~Male~~ *Female,* {Cross out the word not required in this line.} female

Age, 38 *Years,* *Months,* *Days.*

Color, White *Sex,* female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 317 Eastern Ave

Cause of Death, {First (Primary,) Bright's Disease

{Second (Immediate.) Apoplexy

Duration of Last Sickness, Over 4 years

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cemetery

Date of Burial, 11th Dec 1895

{*Undertaker,* Henry Deckinger Son

{*Place of Business,* 16 Light St

E. W. Hillman M.D.
Medical Attendant.

Address 121 Williamson

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1897

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 16 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Dec. 4. 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George Gebelein

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 44 a *Years,* *Months,* *Days.*

Color, White *Sex,* ♂

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Butcher

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Darcop Germany

Duration of Residence in the City of Baltimore, nearly 24 years

Place of Death, {Give street and number.} corner Ho. Ave. & Ind. Richmond & Baltimore

Cause of Death, First (Primary,) Febris biliosa

Second (Immediate,) nervosa

Duration of Last Sickness, 2 Weeks.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem.

Date of Burial, Dec 6th

C. H. Tiek. *M. D.*

Medical Attendant.

Undertaker,

Place of Business, Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1898

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT DEC 10 1875 BALTIMORE

Date of Death, December 9th, 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Wesley Johnson

Sex, Male or Female, {Cross out the word not required in this line.}

Age, *Years,* 17 *Months,* *Days.*

Color, Black *Sex,* Male

Married, Single, ~~Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 77 Harmony Lane

Duration of Residence in the City of Baltimore, 17 Months

Place of Death, {Give street and number.} 77 Harmony Lane

Cause of Death, {First (Primary,) Bronchitis / Second (Immediate,)

Duration of Last Sickness, about 3 Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, 12th of Dec.

Undertaker, B. Kummel.

Place of Business, 311 N. Charles St.

H. Darby M. D.
Medical Attendant.

Address 143 Hutchins st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6899

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 11 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 10th 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Sarah Padgett

Sex, ~~Male~~ *or Female,* { Cross out the word not required in this line. }

Age, 58 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, ~~Single, Widow or Widower.~~ { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Unknown

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 37 Lamb St

Cause of Death, { First (Primary,) Pleurisy
Second (Immediate,)

Duration of Last Sickness, about one week

All the above information should be furnished by the Physician.

Place of Burial, Elkridge Landing Howard County

Date of Burial, Dec 11th 1875

W. H. McKenzie M. D.
Medical Attendant.

Undertaker, J. A. Cook

Place of Business, No 782 Baltimore Address 782 N Gay st

sheet

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

...respectfully invited to the remarks below, and to List of Diseases on b...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6900

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT DEC 11 1875 BALTIMORE.

Date of Death, Dec 10th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henriette Baublen

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, Thirty Two *Years,* *Months,* *Days.*

Color, Col'd *Sex,* Female

Married, ~~Single~~, ~~Widow~~ *or* ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Laundress

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore County Maryland

Duration of Residence in the City of Baltimore, Seven years

Place of Death, {Give street and number.} N. Spring st 122

Cause of Death, First (Primary,) Hypertrophy of the heart

Second (Immediate,) Anasarca

Duration of Last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Dec 11th 1875

E. C. Baldwin M. D.
Medical Attendant.

Undertaker, Wm. H. Young Address 124 N Eutaw st

Place of Business, 101 East st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 6901

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec. 10, 75

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Thomas Foster

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 25 *Years,* " *Months,* " *Days.*

Color, Colored. *Sex,* Male.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Was an Idiot

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore.

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number.} Washington University Hospital

Cause of Death, First (Primary,) Unknown

Second (Immediate,) Fracture of base of Skull

Duration of Last Sickness, Three days.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Dec 12th 1875

Undertaker, Wm. H. Dunyee

Place of Business, No 104 East St

H. C. Wolfe. M. D.

Medical Attendant.

Address Washington University Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 6982 — OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

DEC 11 1875 BALTIMORE

Date of Death, December 9th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Willie Taylor

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ~~—~~ *Years,* One *Months,* One *Days.*

Color, Colored *Sex,* Male

~~Married~~, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life Time

Place of Death, {Give street and number.} Mulberry Ct Dec 14.

Cause of Death, {First (Primary,) Dropsy

Second (Immediate,)

Duration of Last Sickness, Never was well so far as I know

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery B. H. Herman *M. D.*

Date of Burial, 12th of Dec. Medical Attendant.

Undertaker, P. Kinard.

Place of Business, 311 Baltimore St. *Address* 175 N. Carey St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6903

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 11

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Rebecca Baer

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, sixty *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Housekeeper

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Russia

Duration of Residence in the City of Baltimore, Forty years

Place of Death, {Give street and number.} 1101 East Pratt

Cause of Death, {First (Primary,) Cerebritis

Second (Immediate,)

Duration of Last Sickness, Two hours

All the above information should be furnished by the Physician.

Place of Burial, ~~Green Mount~~ Hebrew Cemetery

Date of Burial, Dec 13 '75

Undertaker, Wm Elbert

Place of Business, 101 Gough St *Address* 1101 East Pratt Street

Medical Attendant. *M. D.*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6901

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 11 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec. 11. 75

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Clara Louisa Wilson

~~*Sex, Male or Female,*~~ {Cross out the word not required in this line.}

Age, ~~Years,~~ 1 *Months,* 7 *Days.*

Color, *Sex,*

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, ——

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Federal St near Cathedral Balto

Duration of Residence in the City of Baltimore, 5 wks

Place of Death, {Give street and number.} Federal St near Cathedral Balto

Cause of Death, {First (Primary,) Congestion of Lungs / Second (Immediate.)

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, London Park Cy Law Taneytown

Date of Burial, Dec 12 1875

M. D.
Medical Attendant.

{*Undertaker,* Jacob Weaver / *Place of Business,* 419 Druid Hill Ave Address 129 W Pratt

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6905

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT DEC 11 1875 BALTIMORE.

Date of Death, Dec 10th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Thomas Agnew Jr

~~*Sex, Male or Female,*~~ {Cross out the word not required in this line.}

Age, ~~1~~ 2 *Years,* 3 ~~2~~ *Months,* ——— *Days.*

Color, White *Sex,* Male

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} Exeter & Lewis Sts

Cause of Death, First (Primary,) Gastro intestinal disease

Second (Immediate,) Colitis

Duration of Last Sickness, Some months

All the above information should be furnished by the Physician.

Place of Burial, Cathedral cemetery Chas O'Donovan M. D.

Date of Burial, Dec 11 1875 Medical Attendant.

Undertaker, James P Byrne *Address*

Place of Business, No 63 N Front St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6906

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 11 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 10th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Bolan

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, 68 *Years,* *Months,* *Days.*

Color, white *Sex,* female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 45 years

Place of Death, {Give street and number.} 86 N. Front st

Cause of Death, First (Primary,) Heart disease

Second (Immediate,) Coma

Duration of Last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, Holy cross Cemetery

Date of Burial, Dec 13 1875

Undertaker, James D Byrne

Place of Business, 1063 W Fremont

G. Hilleman M. D.
Medical Attendant.

Address 55 N. Front st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1907

The Physician who attends any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 11 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 16th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Joseph Clinton Fields

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ~~Five~~ ~~Years,~~ Five *Months,* *Days.*

Color, Colored *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} No. 226 Vine St

Cause of Death, First (Primary,) Scrofula

Second (Immediate,)

Duration of Last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Dec. 17th 1875

Undertaker, Wm. H. Duncan

Place of Business, No 104 East St

E. H. Holbrook M. D.

Medical Attendant.

Address No. 1 N. Gay St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6908,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT DEC 11 1875 BALTIMORE.

Date of Death, Dec 10th '75

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary A. D. Collins

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, *Years,* 3 *Months,* *Days.*

Color, white *Sex,* Female

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt City

Duration of Residence in the City of Baltimore, 3 mos.

Place of Death, {Give street and number.} 595 N Gay St.

Cause of Death, First (Primary,) Defective development

Second (Immediate,) Unknown, but natural

Duration of Last Sickness, Sudden

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetry

Date of Burial, Dec 11th

Undertaker, J. W. L. Hughes

Place of Business, 81 & 60 Exchange Balto

Edmund R. Walker M. D.
Medical Attendant.
Coroner M. P. D
Address 180 Linden Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1909

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 9th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} L. F. Pamentell

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 26 *Years,* *Months,* *Days.*

Color, White *Sex,*

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, Cigar Maker

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Portland. Maine

Duration of Residence in the City of Baltimore, 1 day

Place of Death, {Give street and number.} 149 N Lombard St

Cause of Death, First (Primary,) Epilepsy

Second (Immediate,) Apoplexy

Central action of Nervous disease produced by Convulsions

Duration of Last Sickness, 15 hours.

All the above information should be furnished by the Physician.

Place of Burial, Lloyd St Hebrew Cemetery

Date of Burial, Dec 12 1875

Undertaker, Wm Eilau

Place of Business, 101 Gough St

O. A. Cooke M. D.
Medical Attendant.

Address Cor Lee & Hanover Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...physician is respectfully invited to the remarks below, and to list of diseases on ba...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6910

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 11 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 10th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George Schneider

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 1 *Years,* 7 *Months,* 21 *Days.*

Color, *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore, Md.

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 63 N Spring st

Cause of Death, First (Primary,) Acute Bronchitis

Second (Immediate,)

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery — D Webster Cathell M. D.

Date of Burial, Dec 12 1875 Medical Attendant.

Undertaker, Parents. *Address* N & Eutaw st.

Place of Business, 63 N. Spring

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6911

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT DEC 11 1873 BALTIMORE

Date of Death, 10th December 1873.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Scriven.

Sex, Male or Female, {Cross out the word not required in this line.} Female

* *Age,* 29 *Years,* *Months,* *Days.*

Color, White *Sex,* Female.

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single.

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md.

* *Duration of Residence in the City of Baltimore,*

Place of Death, {Give street and number.} 327 N. Strieker St.

Cause of Death, First (Primary,) Pneumonia

Second (Immediate,) Tubercular Consumption.

Duration of Last Sickness, one year.

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, Dec 12th 1873

A. H. Littell, M. D.
Medical Attendant.

Undertaker, Chas T. Scriven

Place of Business, 271 N. Eutaw St

Address 231 Franklin St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6912

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 11 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Dec 9th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Thos McBee

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 68 *Years,* *Months,* *Days.*

Color, White *Sex,*

~~*Married, Single,*~~ *Widow or Widower,* {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Howard Co Md

Duration of Residence in the City of Baltimore, unknown

Place of Death, {Give street and number.} Infirmary Lombard & Greene Sts

Cause of Death, {First (Primary,) Hemiplegia

{Second (Immediate,) Asthenia

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Western, Greenby T. A. Ashby M. D.

Date of Burial, Dec 11 Medical Attendant.

{*Undertaker,* J. B. Blackistone Son *Address* University Hospital

{*Place of Business,* 606 Bath St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6913

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 10 & 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Hattie Cecilia Mattis

Sex, ~~Male or~~ *Female,* { Cross out the word not required in this line. }

Age, *Years,* 11 *Months,* 10 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. } —

Occupation, —

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } 116 Perkin st

Cause of Death, { First (Primary,) Scrofula

Second (Immediate,) 8 Mos

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet C.

Date of Burial, 12 Dec

{ *Undertaker,* J. B. Blackistonson

Place of Business, 606 Balt st

A H Emmey M. D.
Medical Attendant.

Address 76 S Paca st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 6914

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 11 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 10th '75

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Maria Watkins

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 43 *Years,* *Months,* *Days.*

Color, white

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Pennsylvania

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 159 Argyle Ave

Cause of Death, {First (Primary.) / Second (Immediate,)} Pulmonary Consumption

Duration of Last Sickness, 5 years

All the above information should be furnished by the Physician

Place of Burial, Mount Olivet Cemt

Date of Burial, Dec 12th 1875

Undertaker, Jacob Heaver

Place of Business, 456 Druid Hill Ave

J. H. Mellet M. D.
Medical Attendant.

Address 89 N. Greene St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

F E T Y ▲ F I L

...physician is respectfully invited to the remarks below, and to List of Diseases on Ba...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6915

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 13 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 10th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Eliza A. Sherlock.

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 44 *Years,* —— *Months,* —— *Days.*

Color, White *Sex,* Female.

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, ——

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Tobacco Stick Dorchester Co. Md.

Duration of Residence in the City of Baltimore, 30 Years.

Place of Death, {Give street and number.} # 170 West St.

Cause of Death, First (Primary,) Inflammation of Lungs.

Second (Immediate,) Consumption Lungs.

Duration of Last Sickness, Unknown

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetary

Date of Burial, Dec 12th 1875

Undertaker, John L Machen

Place of Business, No 150 Lamedale

Address 161 Sharp St.

L A Bell *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

KODAK SAF

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4916

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 10 "1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Wilkerson

Sex, Male ~~or Female~~ {Cross out the word not required in this line.}

Age, 102 *Years,* ——— *Months,* ——— *Days.*

Color, Col'd

~~*Married, Single, Widow or*~~ *Widower.* {Cross out the words not required in this line.}

Occupation, Servant

Birthplace, {State or country, and how long in the United States, if of foreign birth} Cambridge E. S. Maryland

Duration of Residence in the City of Baltimore. 75 years

Place of Death, {Give street and number} 89 Chesnut Street

Cause of Death, {First (Primary,) Old age.
Second (Immediate,) Senile Decay

Duration of Last Sickness, unable to do any work for 7 years

All the above information should be furnished by the Physician

Place of Burial, Laurel Cemetery

Date of Burial, Dec 12 "1875

Undertaker, W. N. Dunges

Place of Business, East St

Ernest Lenart M. D.
~~Medical Attendant~~

Address Commis of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Information W. N. Dunges Undertaker

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6917.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT DEC 11 1875 BALTIMORE

Date of Death, ~~December~~ 10th 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Hermann Henry Huenecke

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ——— *Years,* Two *Months,* 28 *Days.*

Color, white *Sex,* male

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore. Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} No 84 S. Howard St

Cause of Death, First (Primary,) acute otitis - tuberculosis

Second (Immediate,) basilar - meningitis

Duration of Last Sickness, Two days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery Baltimore Cemetery

Date of Burial, Dec 12 1875

Henry Salzer M. D.
Medical Attendant.

Undertaker, F. N. Troll

Place of Business, 90 S. Howard *Address* 165 W. Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4918

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 11 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 11th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Romaser

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 59 *Years,* 8 *Months,* — *Days.*

Color, White *Sex,* Female

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 25th Years

Place of Death, {Give street and number.} 238. S Entaw

Cause of Death, First (Primary,) Schirrus of the Breast

Second (Immediate,)

Duration of Last Sickness, 8 Years

All the above information should be furnished by the Physician.

Place of Burial, Laudenbach Cem

Date of Burial, Dec 13th 1875

Wm. Ford Smith M. D.
Medical Attendant.

Undertaker, Julius Kochler

Place of Business, Cor Sharp & Cross st *Address* 246 Hanover st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

...physicians is respectfully invited to the remarks below, and to List of Diseases on ba...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1919.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 18 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, December 10. 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ezekiel Bruce.

Sex, Male or ~~Female~~, {Cross out the word not required in this line}

Age, 36 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Member of Fire Department.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 127 N. Eden St

Cause of Death, First (Primary,) Consumption.

Second (Immediate,)

Duration of Last Sickness, Two Months.

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Dec 18th 1875

Undertaker, Henry K. Mears

Place of Business, 45 N Gay St

J. N. Hancock M. D.
Medical Attendant.

Address 95 E. Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6920

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 11 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 7 Dec

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Banks

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 40 *Years,* ——— *Months,* ——— *Days.*

Color, Black *Sex,* Male

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, ———

Place of Death, {Give street and number.} 31 Stockholm St

Cause of Death, {First (Primary,) Phthisis
Second (Immediate,)

Duration of Last Sickness, 3 Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Dec 12. 75

Undertaker, S W Chase

Place of Business, 194 W Howard St

Sheppard Cox M. D.
Medical Attendant.

Address 446 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

...physician is respectfully invited to the remarks below, and to List of Diseases on ...

Board of Health, City of Baltimore,

Permit No. 1921

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 11 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 11th Dec 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents } James Macon Nicholas

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 67 *Years,* 6 *Months,* 25 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Widower

Occupation, Atty at Law

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Annapolis Md

Duration of Residence in the City of Baltimore, 20 years

Place of Death, { Give street and number. } Gilman: St. Balt

Cause of Death, First (Primary,) Bright's Disease of Kidneys

Second (Immediate,)

Duration of Last Sickness, 4 months

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, 12th Dec 1875

Undertaker, H. W. Jenkins & Son

Place of Business, Light St. Balt.

J. Donaldson M. D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...physicians is respectfully invited to the remarks below, and to List of Diseases on ba... Certific...

Board of Health, City of Baltimore,

Permit No. 6922

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 11 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Died Oct 15 75

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Fanny May Button

Sex, ~~Male~~ or *Female,* { Cross out the word not required in this line. }

Age, 1 *Years,* 6 *Months,* 12 *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Balto City

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 9 Lot N Bethesda to Dentition & Convulsions

Cause of Death, { First (Primary,) / Second (Immediate,) }

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, Dec 11th

John L. G. Rozer *M. D.*
Medical Attendant.

Undertaker, Wm. M. Leonard

Place of Business, 152 W Balto *Address* City

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

[illegible] respectfully invited to the remarks below, and to List of Diseases on [illegible] Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6923

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 11 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 10th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lewis Downs

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 45 *Years,* *Months,* *Days.*

Color, Dark Brown *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 45 Years

Place of Death, {Give street and number.} No 30 Liberty Road

Cause of Death, First (Primary,) Cold

Second (Immediate,) Consumption

Duration of Last Sickness, Two Months

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, Dec 12th 1875

Undertaker, Wm S Gray

Place of Business, 85 Mulberry St

B F Bohrer M. D.
Medical Attendant.

Address Cor Dolphin & Ross

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The special attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back [illegible]

Board of Health, City of Baltimore,

Permit No. 6924

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 11 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Dec 11th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie Lang

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 3 *Months,* 4 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Md & Ind

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} [illegible]

Cause of Death, First (Primary,) [illegible]

Second (Immediate,) [illegible]

Duration of Last Sickness, [illegible]

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Dec 12 1875

Undertaker, H. Fink.

Place of Business, 461. N. Gay St *Address*

[illegible] M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The special attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1925

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 11 1895 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec. 11. 1895

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jacob Kline

~~*Sex, Male or Female,*~~ {Cross out the word not required in this line.}

Age, ~~Years,~~ 14 *Months,* *Days.*

Color, White ~~Male~~,

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Dallas 320

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 320 Lee[illegible].

Cause of Death, First (Primary,) Pneumonia

Second (Immediate,)

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, St. Aeth Cem

Date of Burial, Sunday Dec 12/95

Undertaker, John Brand

Place of Business, 77 S. Wolfe

D. A. Mullan Jr. M. D.
Medical Attendant.

Address 117 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1926

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 1915 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 11

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Garnick G. Bishop

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 3 *Years,* 11 *Months,* 16 *Days.*

Color, White. *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 268 S Charles St

Cause of Death, First (Primary,) Scarlatina

Second (Immediate,)

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, December 13th 1915

Theodore Cook M. D.
Medical Attendant.

Undertaker, Chas. H. Herold

Place of Business, 161 Hanover St *Address* 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully [illegible] to the remarks below, and to List of Diseases on ba[illegible] Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6927

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT BALTIMORE DEC 12 1875

Date of Death, Dec 11th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Edward Gaines

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, *Years,* 11 *Months,* 23 *Days.*

Color, ed *Sex,* Male

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 11 Months & 23 days

Place of Death, {Give street and number.} Chestnut 21 84

Cause of Death, First (Primary,) Congenital Debility

Second (Immediate,)

Duration of Last Sickness, 11 Months & 23 days

All the above information should be furnished by the Physician.

Place of Burial, Dallal M Cemetery

Date of Burial, December 12 11 AM E. A. Baldwin *M. D.*

Medical Attendant.

Undertaker, John W. Locke

Place of Business, 57 South Wolfe St *Address* 124 N. Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 6928

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 11th 3 A.M.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Martha Anne Bordelle

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, ——— *Years,* ——— *Months,* 2le *Days.*

Color, Colored *Sex,* female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ———

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, ———

Place of Death, {Give street and number.} 19 N Dallas st

Cause of Death, First (Primary,) Sclerosis of mesenteric

Second (Immediate.) Inanition

Duration of Last Sickness, seven days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, December 12th 1895

Undertaker, John W. Locke

Place of Business, 58 South Wolfe st

H. Nuttermann M. D.
Medical Attendant.

Address 12 S. Eden st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

...to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9929

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 12 1875

CERTIFICATE OF DEATH.

Date of Death, 10th December 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Rachel Ada Bentley

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 44 *Years,* 9 *Months,* *Days.*

Color, White *Sex,*

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Wife Mountain

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, 44 Years 9 Months

Place of Death, {Give street and number.} No 13 Jones Court

Cause of Death, First (Primary,) Tubercular

Second (Immediate,) Consumption

Duration of Last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery Fun. Dr Mumm

Date of Burial, December 12th 1875

M. D.
Medical Attendant.

Undertaker, William A Dange

Place of Business, No 39 East St. *Address* Broadway and Madison St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty f the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish ithin forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate tting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person ceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 6930 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last Illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 12 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 11th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Stephen Rice

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 62 *Years,* *Months,* *Days.*

Color, White *Sex,*

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Servant

Birthplace, {State or country (and how long in the United States, if of foreign birth.} County Meath Ireland

Duration of Residence in the City of Baltimore, 30 yrs.

Place of Death, {Give street and number.} St. Joseph's Hospl. Asylum Caroline ret. Fremont

Cause of Death, First (Primary,) Cancer of Stomach (Scirrhus)

Second (Immediate,) Exhaustion

Duration of Last Sickness, About 9 mos.

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, December 13th

Undertaker, Matthias A. Draper

Place of Business, 94 S. Broadway

Oscar J. Cowen M. D.
Medical Attendant.
Address Residence
St. Joseph's Hospl

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 6921

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last Illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 12 1875 ALL DUE

CERTIFICATE OF DEATH.

Date of Death, Dec 11th 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Lewis Diehl

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 62 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Clothing Dealer

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 38 years

Place of Death, { Give street and number. } 103 Lexington Street

Cause of Death, { First (Primary,) Disease of the Heart
Second (Immediate,) }

Duration of Last Sickness, One day

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Dec. 13th 1875

Undertaker, Charles R Forbes

Place of Business, 161 Hanover St Address 88 of Eutaw Street

C Greenwald M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special A... ...hysicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 6932 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 12 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Dec. 11th 75

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Monica Miles

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 56 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Georgetown

Duration of Residence in the City of Baltimore, Dont Know

Place of Death, {Give street and number.} Asst. Little Sisters of the Poor

Cause of Death, First (Primary,) Debility

Second (Immediate,) Dont know

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Holly Cross Cemetery

Date of Burial, Dec. 13 1875

Undertaker, Little Sisters of Poor

Place of Business, John Talley *Address* 174 E Lanvale St

Jno. Burke Boyle M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special [illegible] Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6933.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 15 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 11th December

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Bernardt Wessemer

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 43 *Years,* 4 *Months,* *Days.*

Color, white *Sex,*

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Hessen (Germany)

Duration of Residence in the City of Baltimore, about fourteen years

Place of Death, {Give street and number.} 2 Elizabeth lane

Cause of Death, First (Primary,) Rheum. pulmonalis

Second (Immediate,)

Duration of Last Sickness, 5 mths confined in bed

All the above information should be furnished by the Physician.

Place of Burial, St Peters

Date of Burial, Dec 15 1876

Heller M. D.
Medical Attendant.

Undertaker, C F Krause

Place of Business, 204 Hanover st *Address* 95 S Sharp st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6934

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT DEC 12 1895 ORE

Date of Death, Dec. 11th 1895

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Hanover

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 75 *Years,* *Months,* *Days.*

Color, Colored *Sex,*

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Laundress

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Frederick Co Md

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give street and number.} 96 Robing St

Cause of Death, First (Primary,) Pneumonia

Second (Immediate,)

Duration of Last Sickness, 4 30 days

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, Dec 14 Burial Permit

Undertaker, W. J. Chalmers

Place of Business, 262 Pennsylvania ave

Address 30 N. Burnett St.

Reid M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Att... Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 6935

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 13 1895 HEALTH DEPARTMENT BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec. 11th 1895

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Catherine A. C. Paine

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 23 *Years,* 11 *Months,* 1 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} No 156 N. Collington Ave

Cause of Death, First (Primary,) Deficient Nutrition and Scrofula

Second (Immediate,) Tuberculosis

Duration of Last Sickness, 9 Days

All the above information should be furnished by the Physician.

Place of Burial, Green Mt. Cemetery

Date of Burial, 13th Dec 1895

Undertaker, Hy B. Jenkins & Son

Place of Business, 16 Light St. *Address* No 2038 N. Linden Ave

Dr. Robt. H. Thom *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6936

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 13 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 12th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Adeline M. Didier

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Sixty Nine *Years,* —— *Months,* —— *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation, ——

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore city

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} Baltimore Cathedral St

Cause of Death, First (Primary,) Arthritis

Second (Immediate,) Hemiplegia

Duration of Last Sickness, Several Months

All the above information should be furnished by the Physician.

Place of Burial, Green Mt. Cemetery

Date of Burial, 14th Dec 1875

Undertaker, Hy. H. Jenkins & Son

Place of Business, 16 Light St *Address*

Jos. Lloyd Martin M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6937

The Physician who attended any person in a last Illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 13 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 12th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Flora Thomas

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, abt 90 *Years,* *Months,* *Days.*

Color, Cold *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} widow

Occupation, Servant

Birthplace, {State or country (and how long in the United States, if of foreign birth.} A Alex Md

Duration of Residence in the City of Baltimore, 45 yrs

Place of Death, {Give street and number.} 213 N Paca st

Cause of Death, First (Primary,)

Second (Immediate,) old age

Duration of Last Sickness, four weeks

All the above information should be furnished by the Physician.

Place of Burial, Shop or Cemetery

Date of Burial, Dec 15th 1875

Undertaker, H T Gutschlow

Place of Business, 16 Light St

James A Kenny M. D.
Medical Attendant.

Registrar

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1938

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 13th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Catharine Bower

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 46 *Years,* ——— *Months,* ——— *Days.*

Color, White *Sex,* ———

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Seamstress

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 10 years

Place of Death, {Give street and number.} 245 Conway St

Cause of Death, {First (Primary,) Rheumatism
Second (Immediate,) Dysentery Pleurisy & Heart

Duration of Last Sickness, 5 Days

All the above information should be furnished by the Physician.

Place of Burial, Dallas Cemetery

Date of Burial, 14th Dec 1875

Jas. H. Dewson M. D.
Medical Attendant.

Undertaker, Thos S Meacham

Place of Business, No 150 Aisquith St.

Address 111 Hanover St City

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1939

The Physician who attended any person in a last Illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 13 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, December 12th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Florence Smith

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, 4 yrs *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, In Life

Place of Death, {Give street and number.} 2 Parkin St

Cause of Death, First (Primary,) Diphtheria

Second (Immediate,)

Duration of Last Sickness, Six days

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cem'tery

Date of Burial, December 14th 1875

G. W. Wellenberger M. D.
Medical Attendant.

Undertaker, John H. Weaver

Place of Business, # 22 W. Fayette St

Address 121 W. Monument St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

...respectfully referred to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6940

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 13 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Dec 12th '75

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ida Mary Allen

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 23 *Years,* *Months,* *Days.*

Color, white *Sex,* Female

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt City

Duration of Residence in the City of Baltimore, all life save 8

Place of Death, {Give street and number.} 56 S. Green St

Cause of Death, First (Primary,) Bright's Disease

Second (Immediate.) Uraemia

Duration of Last Sickness, 3 mos

All the above information should be furnished by the Physician.

Place of Burial, London Cemet

Edmund R Walker M. D.
Medical Attendant.

Date of Burial, 14

Undertaker, J. J. Mackie

Place of Business, N.E. 15th & Camden St *Address* 180 Linden Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1941

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 15 1895 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Dec. 12th 1895

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Simpson

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 67 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single Widower

Occupation, Sailor

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Sweden

Duration of Residence in the City of Baltimore. 40 years

Place of Death, {Give street and number.} 94 Block St.

Cause of Death, First (Primary,) Phthisis

Second (Immediate,)

Duration of Last Sickness, 4 years

All the above information should be furnished by the Physician

Place of Burial, Cath. Cemetery

Date of Burial, Dec. 13 1895

Undertaker, A. Poteau

Place of Business. 36. Thames St.

James A. Steuart M. D.
Medical Attendant.

Address 251 Eastern Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6942

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 13 1875 HEALTH DEPARTMENT BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 12 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Indnie Lottie

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Female

Age, 89 *Years,* 11 *Months,* — *Days.*

Color, White

~~*Married, Single,*~~ *Widow or ~~Widower~~,* {Cross out the words not required in this line.}

Occupation, Seamstress

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Accie Co Md

Duration of Residence in the City of Baltimore, 30

Place of Death, {Give street and number.} 293 Millcan St

Cause of Death, First (Primary,) Old age

Second (Immediate,)

Duration of Last Sickness, 1 year

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet, Cem. Geo. H. Benson M. D.

Medical Attendant.

Date of Burial, 13th Dec 1875

Undertaker, Edward Trindel

Place of Business, No 10 Forrest *Address* 144 Hanover St City

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6943

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 13 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec. 13th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Miss Nelly Eldridge.

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 22 *Years,* " *Months,* 0 " *Days.*

Color, White. *Sex,* Female.

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single.

Occupation, Seamstress.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Hartford County. Md.

Duration of Residence in the City of Baltimore, 2 years.

Place of Death, {Give street and number.} Washington University Hospital

Cause of Death, First (Primary,) Phthisis Pulmonalis.

Second (Immediate,) Concurrent Pneumonia.

Duration of Last Sickness, Three weeks

All the above information should be furnished by the Physician.

Place of Burial, N. Cathedral Cemetery

Date of Burial, Dec 13th 1875

Undertaker, W. Donovan

Place of Business, 148 S. Central Ave

A. L. Coffe, M. D.
Medical Attendant.

Address Washington University Hospital.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...ENTION IS RESPECTFULLY INVITED TO THE REMARKS BELOW, AND TO LIST OF DISEASES ON BACK OF THIS CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 19464

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT BALTIMORE DEC 15 1875

Date of Death, Dec 13 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wm Wirdan Gilmore,

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 26 *Years,* ... *Months,* ... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Clerk

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Providence Rhode Island

Duration of Residence in the City of Baltimore, 19 years

Place of Death, {Give street and number.} 46 Eutaw St

Cause of Death, First (Primary,) Typhoid Fever - Hemorrhage bowels.

Second (Immediate,) ...

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

...ce of Burial, Western Cemetery

...ate of Burial, Dec 13 3 O'clock P.M.

Undertaker, George C Rodeman

Place of Business, 38 Exeter St

Jno B Henderson M. D.
Medical Attendant.

Address 133 N. Eutaw St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6945

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT DEC 13 1875 BALTIMORE

Date of Death, December 12 - 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henrietta Blake

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ~~~~ *Years,* ~~~~ *Months,* Six *Days.*

Color, African *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto - Md -

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} No 6 Stockton al - near Harlem Ave -

Cause of Death, First (Primary,) Trismus Nascentium (Lockjaw)

Second (Immediate,) Tetanic Convulsions

Duration of Last Sickness, Three days -

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Dec 13. 75

Undertaker, W. M. Thorn

Place of Business, 198 Howard

John J. King *M. D.*
Medical Attendant.

Address Edmondson Ave near Carrollton ave -

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6946

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 13 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 12th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Thomas Jones

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 36 *Years,* *Months,* *Days.*

Color, Colored *Sex,* Male

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Coachman

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Kenton Baltimore County

Duration of Residence in the City of Baltimore, About 25 years

Place of Death, {Give street and number.} No 13 Rose St

Cause of Death, {First (Primary,) / Second (Immediate,)} Consumption

Duration of Last Sickness, About seven Months

All the above Information should be furnished by the Physician.

Place of Burial, Laurel Cemetery Drs E. C. Price & Son M. D.
Medical Attendant.

Date of Burial, Dec. 13. 75

Undertaker, A. McShane *Address* 262 Madison Ave

Place of Business, 188 N. Howard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. [illegible]

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6947

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 12

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Martha Ann Wise

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 4 *Years,* *Months,* *Days.*

Color, white

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt City

Duration of Residence in the City of Baltimore, all life

Place of Death, {Give street and number.} 104 E Bidde

Cause of Death, First (Primary,) Accidental

Second (Immediate,) Burn

Duration of Last Sickness, 9 days

All the above information should be furnished by the Physician

Place of Burial, Bell air road 5 Mls

Date of Burial, Dec 13th 75

Undertaker, Thos C Hughes

Place of Business, 106 E Balto

Edmund Rivalle M. D.

~~Medical Attendant.~~

Address Corner M P

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children

[OVER.]

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1948

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 11th 75

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary McGowan

Sex, Male ~~or~~ Female, {Cross out the word not required in this line.}

Age, 25 *Years,* *Months,* *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State the country (and how long in the United States, if of foreign birth} Penna 4 years in Ball

Duration of Residence in the City of Baltimore. 4 years

Place of Death, {Give street and number.} 32 Fuller St

Cause of Death, {First (Primary.) Explosion of coal oil

Second (Immediate,) Extensive burn of surface of body

Duration of Last Sickness, 15 hours

All the above information should be furnished by the Physician

Place of Burial, Arlington Harford Co

Date of Burial, Dec 13th 1875

Edmund Rhall M. D.
Medical Attendant.

Undertaker, Thos S Hughes

Place of Business, 60 E Balt *Address* Corner N. I.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

(Transit 291)

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1949

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT DEC 13 1875 BALTIMORE

Date of Death, Dec 12th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Amelia Roche

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 80 *Years,* ——— *Months,* ——— *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 317 N Gilmor

Cause of Death, {First (Primary,) Old age

{Second (Immediate,) ———

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Balto Co

Date of Burial, Dec 14 1875

{*Undertaker,* Conrad Kunkel

{*Place of Business,*

John B Pennington M. D.
Medical Attendant.

Address 210 Franklin st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

FILM

The Special Attention of Physicians is respectfully invited to the remarks below, and to list of diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6950

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 13 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 12th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Andrew Moving

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 21 *Years,* *Months,* *Days.*

Color, white *Sex,*

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, Cook

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Italy

Duration of Residence in the City of Baltimore, not known

Place of Death, {Give street and number.} Infirmary Lombard & Green Sts

Cause of Death, First (Primary,) Typhoid Fever

Second (Immediate,) Hemorrhage from the Bowel

Duration of Last Sickness, one month

All the above information should be furnished by the Physician.

Place of Burial, Cath. Peters

Date of Burial, Dec. 13th 1875

Undertaker, Adam Heidemeyer

Place of Business, 578½ W. Baltimore St.

T. A. Ashby M. D.
Medical Attendant.

Address Univ Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

SAFETY

No. 4951

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4951,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT DEC 13 1875 BALTIMORE.

Date of Death, Dec 13th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Kane

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ——— *Years,* 4 *Months,* ——— *Days.*

Color, white

~~*Married*~~, *Single,* ~~*Widow or Widower.*~~ {Cross out the wor ls not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth} Philadelphia

Duration of Residence in the City of Baltimore. 3 months

Place of Death, {Give street and number.} 8th Holliday Street

Cause of Death, {First (Primary.) Cold — {Second (Immediate,) Bronchitis

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, St. Vincents City — *Date of Burial,* Dec 14th 1875

James Stewart M. D.

Undertaker, Jas P. Byrne — *Place of Business,* Front St

Addess Commiss of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by William Kane father

[OVER.]

KODAK

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1952

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 13 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, ~~Dec~~ - 12th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wm H Swigart

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, One *Years,* Six *Months,* — *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, One Year Six Months

Place of Death, {Give street and number.} 80 N Gay St

Cause of Death, First (Primary,) Dentition

Second (Immediate,) Convulsions Inf.t

Duration of Last Sickness, Three Days

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Dec 14th 1875

E. L. Gordan M. D.
Medical Attendant.

Undertaker, Geo Schilling

Place of Business, Monument *Address* 134 N High St

City

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1953

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT DEC 13 1875 BALTIMORE

Date of Death, Dec 12th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Noble

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 24 *Years,* *Months,* *Days.*

Color, White *Sex,*

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, Seamstress

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 24 hours.

Place of Death, {Give street and number.} St. Joseph's Hospital Cor Caroline & Hoffman

Cause of Death, First (Primary,) Heart Disease - (Steam of Mitral)

Second (Immediate,) Asphyxia

Duration of Last Sickness, 3 mos.

All the above information should be furnished by the Physician.

Place of Burial, H. of Mercy Cem Orange L. Cokery

Date of Burial, Dec 13 1875

Undertaker, Henry Hoeck

Place of Business, 309 Central Ave Address

M. D.
Medical Attendant.
Residence
St. Joseph's Hosp.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6954

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 13 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 12th Dec. 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} William Conroy.

~~*Sex,*~~ *Male or* ~~*Female,*~~ {Cross out the word not required in this line.}

Age, ~~1~~ 2 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} German Orphan Asylum, Hoffman St.

Cause of Death, { First (Primary,) Spasms
Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, Dec 14 1875

Fred Hefty M. D.
Medical Attendant.

{ *Undertaker,* C. H. Keerling
Place of Business, 116 E. Fayette *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No 1955.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 18 1895 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Friday Dec. 13th 1895.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Andrew J. Calder

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, One (1) Year, Seven (7) Months, Ten (10) Days.

Color, White *Sex,* Male.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 96 South Wolf Street

Cause of Death, First (Primary,) Hydrocephalus Chronic

Second (Immediate,) Insanition

Duration of Last Sickness, Ten (10) Days

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, December 14th 95

Undertaker, Hughes & Co

Place of Business, 6 & S. Broadway *Address* 29 South Sharp St.

Dr. Geuer M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1956

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 12th 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Willie Claiborne Burwick

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ——— *Years,* 4 *Months,* — *Days.*

Color, Mulatto *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Four Months & Some days

Place of Death, {Give street and number.} No 5 Jenkins Alley

Cause of Death, First (Primary,) Pneumonia

Second (Immediate,)

Duration of Last Sickness, Unknown to me

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem

Date of Burial, Dec 14th 1875

Undertaker, Edwd. F. Scriven

Place of Business, 271 N. Eutaw St

Wm Glenn M. D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6957

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 14 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 13th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jacob Dawson

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Years, One (1) Months, (13) Thirteen Days.

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth)} Balto. City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} 180 S. Eutaw

Cause of Death, {First (Primary,) Tetanus Nascentium

Second (Immediate,)

Duration of Last Sickness, One (1) day

All the above information should be furnished by the Physician

Place of Burial, Ft. Catholic Cem. G. L. Wilkins M. D.

Date of Burial, Dec. 14th 1875 Medical Attendant?

Undertaker, Ft. Eng.

Place of Business, 169 Eastern Ave. Address 69 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

No. [illegible]

Board of Health, City of Baltimore,

Permit No. 6958

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 12 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 13th Dec - 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Mrs Susan Hafley

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 59 *Years,* — *Months,* — *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widowed

Occupation, — No —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt:

Duration of Residence in the City of Baltimore, all her life

Place of Death, {Give street and number.} 38 S Broadway

Cause of Death, First (Primary,) Pneumonia

Second (Immediate,) Congestion of Lungs

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, 16th Dec

Undertaker, Hugh & Co

Place of Business, 65 S. Broadway *Address*

J. McCulloh M. D.
Medical Attendant.

108 Pardee Pl
Balt

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6959

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 11th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Louis Clifford Butler

Sex, Male or Female, {Cross out the word not required in this line.} ~~Male~~ Female

Age, one *Years,* *Months,* 17 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ~~Married~~ ~~Widow~~ ~~Widower~~

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 12 Johnson St

Cause of Death, First (Primary,) Diphtheria

Second (Immediate,) Bronchitis

Duration of Last Sickness, 30 days

All the above information should be furnished by the Physician.

Place of Burial, Bath Cemetery

Date of Burial, Dec 15th 1893

Undertaker, Simmons & Dean

Place of Business, 263 Light St

L. C. Burch *M. D.*
Medical Attendant.

Address 1111 Gamon St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6960

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 17 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Dec 13

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Frederick Hines

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 38 *Years,* ——— *Months,* ——— *Days.*

Color, White *Sex,* Male

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Glass Blower

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 22 years

Place of Death, {Give street and number.} 362. S. Charles

Cause of Death, {First (Primary,) Pneumonia
Second (Immediate,)

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County Cemetery

Date of Burial, Dec 16th 1875

M. D.
Medical Attendant.

Undertaker, Julius Koehler *Address* 146 Hanover st

Place of Business, cor Sharp & Cross st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 6961

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 14 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 12th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henry Jno.

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, Years, 1 Months, Days.

Color, White *Sex,*

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, 6 Weeks

Place of Death, {Give street and number.} 51 S. Regester

Cause of Death, First (Primary,) Marasmus.

Second (Immediate,)

Duration of Last Sickness, 6 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Loud Cemetery

Date of Burial, December 14th 1875

Wm. L. Lund M. D.
Medical Attendant.

Undertaker, John A Looker

Place of Business, 51 S. Wolf St *Address* 1 Broadway & Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6962

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 12 1895 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 12th December 1895

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Colin Turner

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, Two *Years,* *Months,* *Days.*

Color, Colored *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} No 168 North Spring st Baltimo

Duration of Residence in the City of Baltimore, two years

Place of Death, {Give street and number.} 110 North Chapple between Eager & Chase

Cause of Death, First (Primary,) Fall

Second (Immediate,) Inflamation of Brain

Duration of Last Sickness, two months

All the above information should be furnished by the Physician.

Place of Burial, Lowel Cemetery

Date of Burial, December 14th 1895

L. L. Chabot *M. D.*
Medical Attendant.

Undertaker, John W. Locks

Place of Business, 51 South Wolf st *Address* 118 East Fayette

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. [illegible]

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1963

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Baltimore December 12th 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Coal

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.} Female

Age, Twenty Seven *Years,* *Months,* *Days.*

Color, Colored

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.} Married

Occupation, Housekeeper

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Accomac Co Virginia

Duration of Residence in the City of Baltimore, Ten Years

Place of Death, {Give street and number.} No 86, Leadenhall St

Cause of Death, First (Primary,) Cardiac Disease of the heart

Second (Immediate,) Rupture of the heart

Duration of Last Sickness, S. Instantly

All the above information should be furnished by the Physician

Place of Burial, Laurel Cemetery

Date of Burial, Dec 14 78

Undertaker, Samuel H. Chase

Place of Business, 198 W. Howard St

J. D. Dyer M. D.

Medical Attendant.

Address Baltimore Md

No Hill St No 146

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The SPECIAL ATTENTION of Phy… S is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

B… d of Health, City of Baltimore, 6964

Permit No. 69…

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who atte… ny person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other perso… erintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of l…

NO PERM… OR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

C…RTIFICATE OF DEATH.

HEALTH DEPARTMENT DEC 13 BALTIMORE MD.

Date of Death, Baltimore December 12th 1875

Full Name of Deceas… {Write legibly and spell correctly. If an infant not named, give names of parents.} Thelbert L Hewillet

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Twenty three *Years,* *Months,* *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Labourer

Birthplace, {State or country (and how long in the United States, if of foreign birth)} Northumberland Co Virginia

Duration of Residence in the City of Baltimore, Four Years

Place of Death, {Give street and number.} No 184 Warner St

Cause of Death, First (Primary,) Bronchitis

Second (Immediate,) Phthisis

Duration of Last Sickness, Three Months

All the above information should be furnished by the Physician

Place of Burial, Laurel Cemetery

Date of Burial, Dec 14 75

Undertaker, Samuel W. Chase

Place of Business, 181 S. Howard St

L. P. Dyer *M. D.*

Medical Attendant.

Address No 146 Hill St Baltimore Md.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No.

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6965

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec. 12. 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Joseph Fendly

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ... *Years,* ..... *Months,* 4 3 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Owensville Balt. County

Duration of Residence in the City of Baltimore, 23 days

Place of Death, {Give street and number.} St. Vincents Infant Asylum

Cause of Death, First (Primary,) Tuberculosis

Second (Immediate,) Meningitis Convulsions

Duration of Last Sickness, 20 hours

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cemetery

Date of Burial, Dec 14th 1875

Undertaker, Sisters of

Place of Business, Institution

Mathew Brown M. D.
Medical Attendant.

Address 201 W. Biddle St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 6066

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 1966

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 14 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Dec: 11th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mathias Evans (Mathias Evans)

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 40 *Years,* *Months,* *Days.*

Color, Black *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, 10 years

Place of Death, {Give street and number.} 3 Courtland St.

Cause of Death, First (Primary,) Cerebral Coma

Second (Immediate,) Nephritis

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Dec 13th 1875

Undertaker, Wm F. Gray

Place of Business, 65 Mulberry St

Address Balt. Gas Light Co

Wm E Blackwell M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 6467

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1917

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 14 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 18th 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mrs Maria Brown

Sex, ~~*Male*~~ *or Female,* { Cross out the word not required in this line. }

Age, 78 *Years,* *Months,* *Days.*

Color, White

~~*Sex,*~~

~~*Married, Single,*~~ *Widow or* ~~*Widower*~~, { Cross out the words not required in this line. }

Occupation, None.

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, All her life

Place of Death, { Give street and number. } # 96 W. Biddle St.

Cause of Death, { First (Primary,) Chronic Sciatitis

{ Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, December 15th 1875

Undertaker, John C. Weaver

Place of Business, # 22 W. Fayette St.

H. Aud. Smith, *M. D.*
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 6960

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1968

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 14 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Dec. 14th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles Howard Metter

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 5 *Years,* 8 *Months,* ——— *Days.*

Color, White *Sex,* Male

Married, Single, ~~Widow or Widower~~? {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Lexington, Ky.

Duration of Residence in the City of Baltimore, 5 Months

Place of Death, {Give street and number.} 91 Hillen St

Cause of Death, First (Primary,)

Second (Immediate,) Croup.

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, December 16th

Silas W. Hunter M. D.
Medical Attendant.

Undertaker, Geo. Schilling *Address* 111 Greenmount Ave

Place of Business, Cor Aisquith & Monument st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 6969

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6969

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 14 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George P. Nash

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 42 *Years,* *Months,* *Days.*

Color, White. *Sex,* Male.

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Merchant

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, For life

Place of Death, {Give street and number.} 262 Lindon Ave.

Cause of Death, First (Primary,) Scarlatina. Malignant

Second (Immediate,)

Duration of Last Sickness, four days.

All the above information should be furnished by the Physician.

Place of Burial, Green Mt. Cemetery

Date of Burial, Dec 16 /75

Undertaker, W.M. Tonkin & Son

Place of Business, 16 Light St

F. W. Miltenberger M. D.
Medical Attendant.

Address 121 W. Lanvale St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4711

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 15 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 14th 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Georg Gopenauer

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, One year *Years,* *Months.* *Days.*

Color, White, *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 57. Green mount av. Balto.

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 57. Green mount av. Baltimore

Cause of Death, First (Primary,) Marasmus.

Second (Immediate,) —

Duration of Last Sickness, about Three Months.

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cemetery W Evan Bibbin M. D.

Date of Burial, 16th December. Medical Attendant.

Undertaker, Adam Fink Address 47. Franklin St.

Place of Business, 461 N. Gay St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 6971

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6971

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 13, 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Andrew Mikeyler

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years,* ..... *Months,* One *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.} .....

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 131 N. Durham St

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number.} 131 N. Durham St

Cause of Death, {First (Primary,) Unknown
Second (Immediate,) Heart

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Bulls Head Cemetery

Date of Burial, Dec 15 1875

{*Undertaker,* William N Bonig
Place of Business, No 10 N Eutaw

G. Phelps M. D.
Medical Attendant.

Address 132 Holmes St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6972

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT DEC 15 1875 BALTIMORE

Date of Death, Dec. 14th, 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Genevia B. Emely

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, ____ *Years,* 3 *Months,* 12 *Days.*

Color, colored *Sex,* ____

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, ____

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Since Birth.

Place of Death, {Give street and number.} Gist St near Jefferson.

Cause of Death, First (Primary,) Meningitis.

Second (Immediate,)

Duration of Last Sickness, Three days.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetary

Date of Burial, Dec 16 1875

Undertaker, William V Dorsey

Place of Business, No 10 N East

A. F. Erich *M. D.*
Medical Attendant.

Address 94 S. Broadway.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. [illegible]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6973

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 15 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 15th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Estella Xavier Woodward

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 3 *Years,* 8 *Months,* 7 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 18 So. Eutaw St

Cause of Death, {First (Primary,) Diptheria

{Second (Immediate,) Croup

Duration of Last Sickness, 10 days.

All the above information should be furnished by the Physician.

Place of Burial, Govanstown

Date of Burial, December 16. 1875

Undertaker, M^c Coull & Bro.

Place of Business, 131. W. Saratoga St. *Address*

J. Wm Wall, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4974

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT DEC 15 1875 BALTIMORE

Date of Death, Dec 14th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Dory Bowyer

Sex, Male or Female, {Cross out the word not required in this line.}

Age, about 65 *Years,* *Months,* *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth} Do not know

Duration of Residence in the City of Baltimore, " "

Place of Death, {Give street and number.} No 8 Eutaw Court

Cause of Death, First (Primary,) Suffocation. by Smoke

Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician

Place of Burial, Sharp St Cemetery

Date of Burial, Dec 15th 1875 Geo C Gle Coroner M. D.

Medical Attendant.

Undertaker, A Caudell Bro

Place of Business, 31 Saratoga St Address 229 Cary st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of Illegitimate children.

[OVER.]

No. 6975

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6975

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 15 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 13th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Susanna Kelly

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 69 *Years,* 8 *Months,* *Days.*

Color, White *Sex,* Female

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Housewife

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore County

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give street and number.} 41 S Origen St

Cause of Death, First (Primary,) Chronic Gastritis

Second (Immediate,) Inanition & debility.

Duration of Last Sickness, 8 months

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery Wilson S. Negeslin M. D.

Medical Attendant.

Date of Burial, Dec 15

Undertaker, F B Cook

Place of Business, 70 70 west Baltimore *Address* S W Cor Calhoun & Fayette Sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1976

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT DEC 15 1875 BALTIMORE

Date of Death, December 15th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Cornelius Stribling

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 4 4 *Years,* 9 *Months,* *Days.*

Color, White ~~Sex~~,

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Station keeping

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Norfolk, Virginia

Duration of Residence in the City of Baltimore, 4 years

Place of Death, {Give street and number.} 595 Lexington St

Cause of Death, First (Primary,) Scarlet fever

Second (Immediate,) Uremia

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, Washington D C N C Walton M. D.

Date of Burial, December 16 Medical Attendant.

Undertaker, J B Cook *Address* 581 Lexington St

Place of Business, 701 west Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

(Transit 293)

No.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1977

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 15 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Dec. 14th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Bertha Glasnopp

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 34 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, ~~Single, Widow or Widower~~ {Cross out the words not required in this line.}

Occupation, House wife

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, Two years.

Place of Death, {Give street and number.} 150 S. Bond St.

Cause of Death, First (Primary,) Abnormal Labor.

Second (Immediate.) Peritonitis.

Duration of Last Sickness, Four Days.

All the above information should be furnished by the Physician.

Place of Burial, Eastern Av. Church Cem.

Date of Burial, 2 P.M. Wednesday 15th

A. F. Erich M. D.
Medical Attendant.

Undertaker, John Braun

Place of Business, 77 Aisquith

Address 94 S. Broadway.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 6975

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6978

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 15 1915 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 14th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Clinton P Paine

Sex, Male or Female, {Cross out the word not required in this line.} .....

Age, 1 *Years,* 2 *Months,* 24 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 316 N McCulloh St

Cause of Death, First (Primary,) .....

Second (Immediate,) Scalatina Maligna

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Green Mt. Cemetery Franklin Mt. Station

Date of Burial, 15th Dec 1878 *M. D.*

Medical Attendant.

Undertaker, Hy W. Jenkins & Son *Address* 1026 W. Lanvale

Place of Business, 16 Light St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1979

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 14th Between 11 & 12 o'clock P.M.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } William Henry Neal

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 11 days *Years,* *Months,* 15 *Days.*

Color, Colored *Sex,* Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Bryd St., Baltimore Md.

Duration of Residence in the City of Baltimore, 15 days

Place of Death, { Give street and number. } Bryd St. No. 8.

Cause of Death, { First (Primary,) Spasm

{ Second (Immediate,)

Duration of Last Sickness, One hour

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery *J. E. Anderson* *M. D.*

Date of Burial, Dec 15th 1875. Medical Attendant.

{ *Undertaker,* John C. Jordan *Address* 231 N. Howard St.

{ *Place of Business,* 62 Park Av.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 6980.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6980

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 15 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Dec 14th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Miller

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 3 *Years,* 3 *Months,* 25 *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 3 yrs 3 mo 25 days

Place of Death, {Give street and number.} 110 S Bond

Cause of Death, First (Primary,) Scarlet Fever

Second (Immediate,)

Duration of Last Sickness, Several days

All the above information should be furnished by the Physician.

Place of Burial, Fellowship Cem

Date of Burial, Dec 16 1875

Charles Mackey *M. D.*
Medical Attendant.

Undertaker, Henry Flook

Place of Business, 309 Central Ave *Address* 573 N Eutaw St Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 6951

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1981,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 15 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Decem. 13th.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Louisa Wroth.

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 74 *Years,* —— *Months,* —— *Days.*

Color, White *Sex,* Female

Married, ~~*Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.}

Occupation, ——

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Queen Ann's County, Md.

Duration of Residence in the City of Baltimore, Seven Years

Place of Death, {Give street and number.} 85. E. Fayette St.

Cause of Death, First (Primary,) Constriction of Mitral & Tricuspid valves

Second (Immediate,) Cardiac dropsy

Duration of Last Sickness, Nine weeks

All the above information should be furnished by the Physician.

Place of Burial, Queen's Ann's Co.

Date of Burial, December 16th 1875.

Undertaker, Wm. H. Hickman

Place of Business, 234 W. Gay St.

D. Caldwell Ireland M. D.
Medical Attendant.

Address 178 Aisquith St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

(Transit 274)

No. 6982

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1982

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 15 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 14 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} August. Stephan

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 7 *Years,* — *Months,* 20 *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 157 E Fayette

Cause of Death, First (Primary,) Scarlatina

Second (Immediate,)

Duration of Last Sickness, Four days.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore (Cath) Abram B. Arnold M. D.
Medical Attendant.

Date of Burial, Dec 15.

Undertaker, [illegible] *Address*

Place of Business, 136 E Fayette

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 6983

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6983.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 15 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 14 th December

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Adolphus Kinze

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, 46 *Years,* — *Months,* — — *Days.*

Color, White *Sex,*

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Merchant

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, Twenty five years

Place of Death, {Give street and number.} Lexington Street Nr. 60

Cause of Death, First (Primary,) Aneurisma of the thoracic aorta

Second (Immediate,) Rupture

Duration of Last Sickness, Died sudden.

All the above information should be furnished by the Physician.

Place of Burial, Baltw Cemetary

Date of Burial, Feb. 16. Mon

Undertaker, Henry Thuyer

Place of Business, 106 E. Howard

A. F. Reinhard M. D.
Medical Attendant.

Address 224 N. Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 6 9 8 4

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1984.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 15 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Adam Loberein

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 4 *Months,* 10 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 14 months

Place of Death, {Give street and number.} 60 Camden St

Cause of Death, First (Primary,) Pneumonia

Second (Immediate,) after

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician

Place of Burial, Baltimore Cem

Date of Burial, Dec 16 1875

Undertaker, Julius Koehler

Place of Business, Cor Sharp & Cross sts

Address 184 Church St

S. Dillenhunt M. D.
Medical Attendant.

DEC 16 1875 BALTIMORE

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

No. 69[illegible]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1985

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 14th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Harriett Wilby Thomas

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, 5 Y 5 *Years,* — *Months,* — *Days.*

Color, White *Sex,* Female

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.} Married

Occupation, (Housekeeper)

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Dorchester Co. Md.

Duration of Residence in the City of Baltimore, 35 years

Place of Death, {Give street and number.} 142 Pine Street

Cause of Death, {First (Primary,) Sarcoma; Second (Immediate,) Emaciation

Duration of Last Sickness, Two Weeks (Confined 17 days)

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Dec. 16th 1875

Undertaker, T. H. Troll

Place of Business, 90 S. Howard St

J. A. Gillis M. D.
Medical Attendant.

Address 38 N. Greene St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

E T Y ▲ F I L M

No. 6 9

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certific

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1986

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 16 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 10 ½ A.M. 15th December, 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth C. Kirby

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, 28 *Years,* 3 *Months,* 2 *Days.*

Color, White *Sex,* Female

~~Married~~, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.} Married

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Pennsylvania

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 42 Monroe St near Pratt

Cause of Death, First (Primary,) Congestion of the Brain

Second (Immediate,)

Duration of Last Sickness, about 24 hours

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery Thos. S. Smith M. D.

Medical Attendant.

Date of Burial, Dec 17th

Undertaker, Wm. H. Leonard *Address* 823 Franklin St

Place of Business, 782 W. Baltimore County in Block 27

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

D D A K S A F

No. 69[illegible]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6987

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 15th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Joseph Swift (Father)

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, —— *Years,* —— *Months,* 2 *Days.*

Color, White *Sex,* Male

~~Married, Single, Widow or Widower,~~ {Cross out the words not required in this line.}

~~Occupation,~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 52 E Baltimore St

Cause of Death, {First (Primary,) Probably Cardiac Imperfection
Second (Immediate,)

Duration of Last Sickness, About half an hour

All the above information should be furnished by the Undertaker.

Place of Burial, ~~Dallo Cem~~ Old Cathedral Cemy

Date of Burial, Dec 16th

Undertaker, Wm B Hughes

Place of Business, 60 Bal Balto

Address 1½ E Pratt St

D Webster Cathell M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 6[illegible]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1988

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 16 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 16. 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John H. Grum.

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 28 *Years,* *Months,* *Days.*

Color, White *Sex,* Male.

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Mechanic.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 173 Chesnut St

Cause of Death, First (Primary,) Consumption.

Second (Immediate,)

Duration of Last Sickness, 2 Months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Dec 18 1875

Undertaker, Geo. Rodenmayer *Address* 75 E. Baltimore St.

Place of Business, Fusor St.

J. W. Hanck M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 47

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1989

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 15th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Florence Edith Libbs

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 4 *Years,* 5 *Months,* *Days.*

Color, Colored *Sex,*

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 189 Enon St

Duration of Residence in the City of Baltimore, 5 mos

Place of Death, {Give street and number.} 189 Enon St

Cause of Death, First (Primary,) Congenital deformity of the heart

Second (Immediate,) Carbonic Acid poisoning

Duration of Last Sickness, 5 Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery *E. Geo. Walls* M. D.

Date of Burial, Dec 17th 1875 Medical Attendant.

Undertaker, Wm F Gray *Address* 181 E. Monument

Place of Business, 65 Mulberry St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 6[illegible]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certific[illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6990

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 15th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Thomas Lodin

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 5 —— *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 28. Pennsylvania Ave

Cause of Death, {First (Primary,) Meningitis
Second (Immediate,)

Duration of Last Sickness, Three Weeks -

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, Dec. 17th 1875

J. K. McKnew M. D.
Medical Attendant.

{*Undertaker,* P. Kinnard.
{*Place of Business,* 311 Mulberry St. *Address* 582 W. Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4991

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT DEC 16 1875 BALTIMORE

Date of Death, Dec 15th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named give names of parents.} Mary E. Lee

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 8 *Years,* — *Months,* — *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} St. Mary's Co Md.

Duration of Residence in the City of Baltimore, 2 years

Place of Death, {Give street and number.} 76 S. Howard St.

Cause of Death, First (Primary,) Accidental burning

Second (Immediate,) Nervous Shock

Duration of Last Sickness, 24 hours

All the above information should be furnished by the Physician

Place of Burial, Laurel County

Date of Burial, Dec 16th 1875

Undertaker, J. B. Williams

Place of Business, 187 Lee

R. C. Lee M. D.

~~National Intelligencer~~

N. W. Co Coroner

Address Hanover & Barre Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 699

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6992

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 15 1875 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, December 15th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Alexander Duval

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Twenty Five *Years,* 2 *Months,* *Days.*

Color, Colored *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Sailor

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} No 10 Mulberry Court

Cause of Death, {First (Primary,) Heart Disease

{Second (Immediate,)

Duration of Last Sickness, Four Months

All the above information should be furnished by the Physician.

Place of Burial, Shasto St. Cemetery C. C. Lane M. D.

Date of Burial, Dec 17 1875 Medical Attendant.

{*Undertaker,* Friends

{*Place of Business,*

Address 226 Mulberry St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 6[illegible].

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certific[illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1993

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 17 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, December 16. 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents } Cyrus Sinclair,

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 38 *Years,* *Months,* *Days.*

Color, White *Sex,* Male.

Married, ~~Single, Widow or Widower~~, { Cross out the words not required in this line. }

Occupation, Messenger to Mayor

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Maryland.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and number. } 95 S. High St

Cause of Death, { First (Primary,) Consumption.
Second (Immediate,) 6 Months.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Ball Cemetery

Date of Burial, Dec 18 1875

Undertaker, James D Byrne

Place of Business, No 630 Eutaw

D. H. Hinck M. D.
Medical Attendant.

Address 35 E. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 69[illegible]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certi[illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1994.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 17 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 16 1875,

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Godfrid H. A. Hildebrandt

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, *Years,* Four *Months,* Nine *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore City Md

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } Penna Ave No 1120

Cause of Death, { First (Primary,) / Second (Immediate,) } Congestion of the Lungs

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, Dec 17th 1875

{ *Undertaker,* Charles Koehler *Address*
{ *Place of Business,* 200 Sharp x Lexington.

H. F. Hewes M. D.
581 Penna Ave
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 6995

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certific

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1995

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 17 1895 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 16th 1895

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henry Taylor Bunham

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, *Years,* 11 *Months,* 10 *Days.*

Color, W *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 147 Preston St

Duration of Residence in the City of Baltimore, whole life.

Place of Death, {Give street and number.} 147 Preston St

Cause of Death, First (Primary,) Suppposed Tubercular Meningitis

Second (Immediate.)

Duration of Last Sickness, about 5 weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, December 18th 1895

Undertaker, John H. Weaver

Place of Business, #22. W. Fayette St

C Winslow M. D.
Medical Attendant.

Address 233 McCulloh St
Balto

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6996

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT DEC 17 1875 BALTIMORE

Date of Death, Dec 16th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Gertrude Sanders

Sex, Male or Female, {Cross out the word not required in this line.} ~~Male~~

Age, 1 *Years,* 7 *Months,* *Days.*

Color, Bright *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore city

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 203 Hanover St

Cause of Death, { First (Primary,) Brain Fever
Second (Immediate,) Sore throat

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Dec 17 75

{ *Undertaker,* Samuel Wilson
Place of Business, 1525 Thomas st

J Kelly *M. D.*
Medical Attendant.

Address No 206 S. Eutaw st City

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...Societies in City of Baltimore will make ... for Burial. NO. 6997

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6997

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 17 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 15th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Andrew Wyndham

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 28 *Years,* ..... *Months,* ..... *Days.*

Color, White

~~*Married, Single, Widow or*~~ *Widower,* {Cross out the words not required in this line.}

Occupation, Shoemaker

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Native U. S.

Duration of Residence in the City of Baltimore, Unknown

Place of Death, {Give street and number.} 52 Camden ave

Cause of Death, First (Primary,) Stricture of Urethra

Second (Immediate,) Retention of Urine

Duration of Last Sickness, One Week

All the above information should be furnished by the Physician.

Place of Burial, W. Potters Field

Date of Burial, Dec 17th 1875

Undertaker, M. H. C. Perry

Place of Business, 448 W. Pratt St

J Searcy Hill M. D.
Medical Attendant.

Address 76 Hanover st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 1998

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1998

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 17 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Dec. 16th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ida Blanche Sherman

Sex, ~~Male~~ *Female,* {Cross out the word not required in this line.}

Age, 3 *Years,* 10 *Months,* 2 *Days.*

Color, White *Sex,* Female

~~*Married*~~, *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. Md.

Duration of Residence in the City of Baltimore, Whole Life

Place of Death, {Give street and number.} 415 Aisquith St

Cause of Death, {First (Primary,) Inflamation of Brain

Second (Immediate,) 2 Weeks

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, Dec 19 - 2 o'Clock

{*Undertaker,* Geo. C. Rodenmyer Address 111 Greenmount Ave.

{*Place of Business,* 35 Exeter St

S. H. Hunter M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

... make returns of all Permits for Burial ...

No. 669

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6999

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 17 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Dec. 16th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Blanche Lee

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, One *Years,* 6 *Months,* *Days.*

Color, White *Sex,* female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Baltimore Orleans or One Door West of Wolf.

Cause of Death, {First (Primary,) Marasmus

Second (Immediate,)

Duration of Last Sickness, Three or four months

All the above information should be furnished by the Physician.

Place of Burial, Balt. Cemetery

Date of Burial, Dec. 18[illegible]

{*Undertaker,* [illegible]

{*Place of Business,* [illegible]

G. W. Simpson M. D.
Medical Attendant.

Address 47 N. Bond St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7000

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT DEC 17 1875 BALTIMORE

Date of Death, Dec 16th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Rebecca Johnson

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 98 *Years,* ——— *Months,* ——— *Days.*

Color, colored

~~Married, Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State of country (and how long in the United States, if of foreign birth.} Balto Co Md

Duration of Residence in the City of Baltimore, unknown

Place of Death, {Give street and number.} 330 E. Fayette St

Cause of Death, {First (Primary,) old age

{Second (Immediate,) Paralysis

Duration of Last Sickness, 8 days.

All the above information should be furnished by the Physician

Place of Burial, Laurel Cemetery

Date of Burial, Dec 17th 1875

Undertaker, W. H. Dungen

Place of Business, East St

James H Steuart M. D.
~~Medical Attendant~~

Address Commrs of Health & Registrar.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attendrd during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Information Richard Lemmon (Grandson)

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7001

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 17 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 16th December 1875,

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Ann Vincent

Sex, ~~Male or Female~~, { Cross out the word not required in this line. }

Age, 67 *Years,* *Months,* *Days.*

Color, White *Sex,*

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the words not required in this line. } Single

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Queen Annes Co Md

Duration of Residence in the City of Baltimore, 25 Years

Place of Death, { Give street and number. } 277 McDonough st

Cause of Death, { First (Primary,) Intercular Consumption

Second (Immediate,)

Duration of Last Sickness, 5 years

All the above information should be furnished by the Physician.

Place of Burial, Bay Mount, Wm. L. Keene M. D.

Date of Burial, Dec 19 1875 Medical Attendant.

Undertaker, Wm Fry

Place of Business, 54 N Broadway Address Baltimore Md

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the d... of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to fur... within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certi... setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the pe... deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7002

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 17 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 16th December 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Isabel White -

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 43 *Years,* *Months,* *Days.*

Color, White — *Sex,*

~~*Married*~~, *Single,* ~~*Widow or Widower*~~ {Cross out the words not required in this line.}

Occupation, Lady -

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore.

Duration of Residence in the City of Baltimore, all her life

Place of Death, {Give street and number.} 333 - N. Eutaw St. Baltimore.

Cause of Death, First (Primary,) Phthisis pulmonalis -

Second (Immediate,) Marasmus & tuberculus Mesenteritis.

Duration of Last Sickness, about two years -

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cemetery M C Dean Bibbins M. D.

Date of Burial, 18th Dec 1875 Medical Attendant.

Undertaker, H'y W. Deckelbaum & Son *Address* cor Eutaw & Charles Sts

Place of Business, 16 Light St Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7003

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 17 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mary Ellen Lemmon

Sex, Male or Female, { Cross out the word not required in this line. }

Age, ... *Years,* ... *Months,* 13 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } New Cavalry, Balt. md

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } Hopkins alley

Cause of Death, First (Primary,) Spasms

Second (Immediate,) Exhaustion.

Duration of Last Sickness, four days

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, Dec 18 1875

Undertaker, ~~W. H. Conaway~~

Place of Business, 448 W. Pratt St *Address*

M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7004

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 17 1915 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 16th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ella Curtis

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 2 *Years,* 6. *Months,* *Days.*

Color, Colored *Sex,* Female.

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 77 Durham North.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 77 Durham St.

Cause of Death, First (Primary,) Phthisis

Second (Immediate,) 8 weeks.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Loudel Cemetery J. M. Carter. M. D.

Date of Burial, December 16th 1915 Medical Attendant.

{*Undertaker,* John W. Locke

Place of Business, 57 S. Wolfe st *Address* 385 W. Fayette

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7005

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT DEC 17 1875 BALTIMORE.

Date of Death, 17th December 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Mack

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, *Years,* 1 *Months,* 14 *Days.*

Color, White *Sex,*

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 23 Wilson st

Cause of Death, {First (Primary,) / Second (Immediate.)} Convulsion

Duration of Last Sickness, two days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemty D Webster Cathell M. D.

Date of Burial, Dec 18th 75 Medical Attendant.

Undertaker, Thos L Hughes *Address* 120 E Pratt st

Place of Business, 118 & 120 Balto

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7006

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 17 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Thursday Dec — 16 — 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Maynard Erskine

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.} Female

Age, 85 *Years,* — *Months,* — *Days.*

Color, White — *Sex,* Female —

~~Married, Single~~, Widow ~~or Widower~~, {Cross out the words not required in this line.} Widow —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 2 months —

Place of Death, {Give street and number.} Church Home & Infy. N. Broadway —

Cause of Death, First (Primary,) —

Second (Immediate,) Old age —

Duration of Last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, St Paul B Ground Frank D Garvin **M. D.**

Date of Burial, Dec 18/75 Medical Attendant.

Undertaker, Unnsty

Place of Business, 54 N. Broadway *Address* Church Home & Infy N. Broadway —

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

...to the remarks below, and to List of Diseases on back...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7097

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 19 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Dec 16

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wm. F. Montgarry

Sex, ~~Male or Female,~~ {Cross out the word not required in this line.} Male

Age, 34 *Years,* 5 *Months,* 10 *Days.*

Color, White *Sex,* Male

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Engaged in City Yard.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt Since Birth

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 20 Gittings St.

Cause of Death, {First (Primary,) Phthisis

{Second (Immediate,)

Duration of Last Sickness, 1 Year

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery *Medical Attendant* Lord M. D.

Date of Burial, Dec 19th 1875

{*Undertaker,* F. N. Troll *Address* 146 Hanover St

{*Place of Business,* c/o S. Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7008

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 17 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, December 16th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Margaret Fennimore (Illegitimate)

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Years, White Months, 12 Days.

Color, Sex, Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Beating for Earth

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, 12 days

Place of Death, {Give street and number.} 229 Holliday Street

Cause of Death, First (Primary,) Asthenia

Second (Immediate.)

Duration of Last Sickness, 12 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery W. H. Forbes M. D.

Medical Attendant.

Date of Burial, Dec 18th

Undertaker, Wm H. Seward Address 47 Edmondson Ave

Place of Business, 75 to Baltimore.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over

...The remarks below, and to List of Diseases on back of ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7009

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 17 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 17th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Thos Birmingham

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 10 Minutes ~~Years,~~ ~~Months,~~ ~~Days.~~

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto —

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 207 Lemon St

Cause of Death, {First (Primary,) Second (Immediate,)} Asthenia — due to Cedrious labor —

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Patricks Cemetery Edwd F. Mulholland M. D.
Medical Attendant.

Date of Burial, Dec 17th 1875

Undertaker, V B Cook — *Address* 279 W. Lombard

Place of Business, 707 Balto St —

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificat setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the perso deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVE

...is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7010

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ~~carefully filled~~ *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 17 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Dec 16th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Mary A Miller

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 28 *Years,* 28 *Months,* *Days.*

Color, White *Sex,* Married

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} England

Duration of Residence in the City of Baltimore, Resided in Balt 2½ years

Place of Death, {Give street and number.} No 28 Anthony St

Cause of Death, First (Primary,) Heart. Disease

Second (Immediate,) Dropsy

Duration of Last Sickness, About 9 months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Dec. 18th 1875.

Undertaker, Wm. Hickman

Place of Business, 234 W. Gay St.

Wm Whitridge M. D.
Medical Attendant.

Address N.E. Cor Charles & Read

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over

... the REMARKS BELOW, and to LIST of DISEASES on BACK of ...

Board of Health, City of Baltimore,

Permit No. 7011

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 16th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Samuel Gregory Coleman

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, Fifty two *Years,* Two *Months,* Twenty four *Days.*

Color, White

~~*Married, Single, Widow or*~~ *Widower,* {Cross out the words not required in this line.}

Occupation, Shoemaker & Coal dealer

Birthplace, {State or country (and how long in the United States, if of foreign birth)} Queen Anns Co Md

Duration of Residence in the City of Baltimore, Thirty five years

Place of Death, {Give street and number} #396 Hanford Av

Cause of Death, {First (Primary.) Spasm of the heart

{Second (Immediate.)

Duration of Last Sickness, One or two minutes

All the above information should be furnished by the Physician.

Place of Burial, London Park.

Date of Burial, Dec. 19th 1875.

Undertaker, Wm. Hickman

Place of Business 284 N. Gay St. *Address* #305 N Caroline St

A. Hartman *M. D.*
Medical Attendant.

HEALTH DEPARTMENT DEC 17 1875 BALTIMORE

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...the remarks below, and to List of Diseases on back of this certificate...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7012

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 14 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 13th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wm. Norman Tibbals

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* / *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 523 W. Lombard st

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 523 W. Lombard st

Cause of Death, First (Primary,) Convulsions

Second (Immediate.)

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery F. V. Bunson M. D.

Medical Attendant.

Date of Burial, December 18

Undertaker, S B Cook

Place of Business, 1707 West Baltimore *Address* 187 Hollins st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7013,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 17th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Thomas Deegan

Sex, Male ~~or Female~~ {Cross out the word not required in this line.}

Age, 58 *Years,* ——— *Months,* ——— *Days.*

Color, White

Married, ~~Single, Widowed or Divorced~~, {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland (26 years)

Duration of Residence in the City of Baltimore, 26 years

Place of Death, {Give street and number.} 40 Bennett St

Cause of Death, {First (Primary.) Gravel —

{Second (Immediate,) ———

Duration of Last Sickness, 3 years —

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, Dec 19th 1875

M. D.

~~Undertaker or Resident Physician~~

Undertaker, H. M. Schmeyer

Place of Business, Carlton Ave

Address Commiss of Health & Registrar.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Information James Deegan (his Son)

The special attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7014

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 16 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 16 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Hermen Hess

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 76 *Years,* — *Months,* — *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} married

Occupation, Merchant

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 26 Years

Place of Death, {Give street and number.} 313 Mulberry St

Cause of Death, { First (Primary,) Erysipelas
Second (Immediate,)

Duration of Last Sickness, 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, Chf Sholom Cemetery

Date of Burial, Dec 19

Abram M Theord M. D.
Medical Attendant.

{ *Undertaker,* Opw Eilau
{ *Place of Business,* 101 Gough *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The special attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7015

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 17 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Emily Jewett

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 38 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 145 McCulloh St.

Cause of Death, First (Primary,) Heart Disease

Second (Immediate,)

Duration of Last Sickness, Four years

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Sunday Dec 19. 1875

Undertaker, J Godwin & Son

Place of Business, 21 Warren St

E. D. Millikan M.D.
Medical Attendant.

Address 124 W. Monument St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7016

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 17 Dec 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Joshua S. Lukes

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 73 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, 73 years

Place of Death, {Give street and number.} No. 24 Mulberry St

Cause of Death, First (Primary,) Fall into an area

Second (Immediate,) Concussion & Cerebral Haemorrhage

Duration of Last Sickness, 3 hours.

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, Monday Dec 20th

Christopher Johnston M. D.
Medical Attendant.

Undertaker, Mr Jenkins

Place of Business, 16 Light St *Address* 24 Mulberry St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Respectfully refer to the remarks below, and to List of Diseases

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7017

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 18 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 17th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Infant, b, & w, of Annie Meyer

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 6 hours *~~Days.~~*

Color, White *Sex,* F

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number.} 45 Walker St

Cause of Death, First (Primary,) Not Known

Second (Immediate,) Convulsions

Duration of Last Sickness, ½ hour

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, 19 Dezember

Undertaker, P. F. Tilt

Place of Business, 183. Columbia St

M. D.
Medical Attendant.

Address 761 Race St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...ction of Physicians is respectfully invited to the remarks below, and to List of Diseases on ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7018.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 16 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec: 16th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Ann Schearer

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 78 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Lower Marlboro Md

Duration of Residence in the City of Baltimore. 45 yrs

Place of Death, {Give street and number.} No 4 Little Second St

Cause of Death, {First (Primary,) old age

{Second (Immediate,) Anasarca

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Dec. 19 1875

{*Undertaker,* Mathias A. Dague

{*Place of Business,* 74 S Broadway

Jno. S. Latimer M. D.
Medical Attendant.

Address 248 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...is respectfully invited to the remarks below, and to List of Diseases...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7019

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 18 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec'r. 18. 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Andrew. A. Hack.

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 65 *Years,* Six Sixty *Months,* 22 *Days.*

Color, White *Sex,* Male

Married, ~~Single~~, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Merchant

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, About the Whole Life Time

Place of Death, {Give street and number.} Baltimore 321 Lexington St

Cause of Death, First (Primary,) Phthisis pulmonalis

Second (Immediate,)

Duration of Last Sickness, About one year

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, Dec 20/75

G. Hope. *M. D.*
Medical Attendant.

Undertaker, Wm. D. Lemmon *Address* 50 N. Eutaw St

Place of Business, 31 Park Av.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7020

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT DEC 18 1875 BALTIMORE

Date of Death, Dec. 17th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George Büchner

Sex, Male or Female, {Cross out the word not required in this line.} ~~Female~~

Age, 21 *Years,* 7 *Months,* 6 *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ~~Married~~ ~~Widow~~ ~~Widower~~

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, 21 years

Place of Death, {Give street and number.} 378 Aisquith St

Cause of Death, First (Primary,) Phthisis pulmonalis

Second (Immediate,) Exhaustion

Duration of Last Sickness, 11 months

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, Dec 19, 1875

Undertaker, Henry Koch

Place of Business, 319 Central Av. *Address* 58 N. Front St

G. Liebmann M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Coroner's Cert. No. 7021

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7021

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 17. 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Anthony Dugan

Sex, Male or Female, {Cross out the word not required in this line.} ~~Female~~

Age, 40 *Years,* *Months,* *Days.*

Color, White *Sex,* Male.

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Laborer.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland 18 yrs

Duration of Residence in the City of Baltimore, 18 yrs

Place of Death, {Give street and number.} Washington University.

Cause of Death, First (Primary,) Intemperance

Second (Immediate,) Inanition,

Duration of Last Sickness, 7 weeks,

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery A. S. Hoffe M. D.

Date of Burial, Dec 18 1875 Medical Attendant.

Undertaker, W. Donovan *Address* Washington University,

Place of Business, 148 S. Central Ave Hospital,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

FETY FILM

Cemeteries in City of Ba... will make returns of all Pe... [illegible]

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

6. 7022

Board of Health, City of Baltimore,

Permit No. 7022

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 18th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Florence Benjamin

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, — *Years,* 4 *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. City Md

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 293 Light St.

Cause of Death, {First (Primary,) Feeble Vitality

{Second (Immediate,) Croup

Duration of Last Sickness, Sudden

All the above information should be furnished by the Physician

Place of Burial, Balto Cemetery

Date of Burial, Dec 19th 1875

Undertaker, H. H. Hickman

Place of Business, Cheap St

R. C. Lee M. D.
~~Medical Examiner~~
Coroner
5. District, Balto. City
Address Cor Hanover & Barre sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of Illegitimate children

[OVER.]

KODAK SA

7023

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7023

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 16th 1875-

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Fred'k R. Grillmeyer

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, (about) 70 *Years,* ——— *Months,* ——— *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married (supposed)

Occupation, Carver

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, ———

Place of Death, {Give street and number.} 100 S. Poppleton st

Cause of Death, First (Primary,) Suicide

Second (Immediate,) by Laudanum

Duration of Last Sickness, ———

All the above information should be furnished by the Physician

Place of Burial, W. P. Fuller

Date of Burial, Dec 17th

Undertaker, A. H. & Sons

Place of Business, 454 W. Balto

R. C. Lee M. D.
~~Medical Attendant.~~
Coroner Southern District
Address Harrison & Barre sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 7024

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7024

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 18th 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Wm H Henry Holland

~~*Sex,*~~ *Male or* ~~*Female,*~~ { Cross out the word not required in this line. } Male

Age, ____ *Years,* 8 *Months,* ____ *Days.*

Color, White *Sex,* Male

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ { Cross out the words not required in this line. }

Occupation, None

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Balt.o City

Duration of Residence in the City of Baltimore, 8 Months

Place of Death, { Give street and number. } 61. Lee St

Cause of Death, { First (Primary,) Teething

Second (Immediate,) Inflam Rectum

Duration of Last Sickness, 6 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Dec 19th 1875

H. A. McManus M. D.
Medical Attendant.

Undertaker, John S. Hacker

Place of Business, 150 Camden St *Address* 71. Franklin St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 7025

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7025

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 18 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 17th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Nellie Ida Lilich

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, 3 *Years,* 8 *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State of country (and how long in the United States, if of foreign birth.} Holt

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Penn St No 19

Cause of Death, { First (Primary,) Scarlet Fever
Second (Immediate,) Exhaustion Infancy

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Frederick Md

Date of Burial, Dec 18th

H. H. Wolfe M. D.
Medical Attendant.

{*Undertaker,* Geo. G. Kessler
{*Place of Business,* 3 19 E Eager St. Address 257 East Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 7026

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7026

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 19th 1893.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Hohler

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 51 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Hurlenburg

Duration of Residence in the City of Baltimore, Thirty years

Place of Death, {Give street and number.} 216 S. Ann

Cause of Death, First (Primary,) Fatal Dropsy

Second (Immediate,)

Duration of Last Sickness, Six months

All the above information should be furnished by the Physician.

Place of Burial, St. Johns Church Lane James E. Ormsbee M. D.

Date of Burial, Dec 19th 1893 Medical Attendant.

Undertaker, Henry Snyder

Place of Business, 252 Eastern Av. *Address* 299 E. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

No. 7127

Board of Health, City of Baltimore,

Permit No. 7027

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT DEC 18 1875 BALTIMORE

Date of Death, Dec. 18th/75

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Caroline Mitchell

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 25 *Years,* 11 *Months,* 7 *Days.*

Color, White *Sex,*

~~Married,~~ *Single,* ~~Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, none

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt. city

Duration of Residence in the City of Baltimore, whole life

Place of Death, {Give street and number.} No. 264 N. Bond St. city

Cause of Death, {First (Primary,) Typhoid Fever

{Second (Immediate,)

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, 20th December

E Lewis Jones M. D.
Medical Attendant.

{*Undertaker,* John H Deaver

{*Place of Business,* ~~H~~ 22 N. Fayette St *Address* 67 E. Balt. St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 7028

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7028

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 18th 1895

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Edmund Clinton Fenton

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 10 *Months,* 21 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 92 Porter St

Cause of Death, First (Primary,) Convulsions

Second (Immediate,) Meningitis

Duration of Last Sickness, 11 hours

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery C. W. Collins M. D.

Date of Burial, December 19 Medical Attendant.

Undertaker, J. B. Cook

Place of Business, 707 West Baltimore St *Address* 166 N. Fremont St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 7029

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7029

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 19 1895 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Dec 18th 1895

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Emma Trissell

Sex, ~~Male~~ *Female,* {Cross out the word not required in this line.}

Age, 10 *Years,* 11 *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Court Co MD

Duration of Residence in the City of Baltimore, 8 Years

Place of Death, {Give street and number.} 98 Fort Ave.

Cause of Death, First (Primary,) Scarlet Fever

Second (Immediate,)

Duration of Last Sickness, Twenty four hours

All the above information should be furnished by the Physician.

Place of Burial, Russell Town Balt Co

Date of Burial, Dec 20

Wm Whitredge M. D. Medical Attendant.

Undertaker, J B Cook

Place of Business, 707 West Baltimore St Address S E Cor. Charles & Read

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

(Transit 296)

No. 7030

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7030

The Physicinn who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 19 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 18 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lula Bennard

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, *Years,* 9 *Months,* 18 *Days.*

Color, col *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Chestnut 2d 140

Cause of Death, First (Primary,) Scrofula

Second (Immediate,) Pneumonia

Duration of Last Sickness, 4 Month

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemeter

Date of Burial, Dec. 19th 1875

Undertaker, Wm. H. Pickman

Place of Business, 234 N. Gay St.

E. A. Balcom M. D.
Medical Attendant.

Address 124 N. Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 7031

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7031

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 16th 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Nicholas Maccubbin

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, — 35 — *Years,* *Months,* *Days.*

Color, Col *Sex,* Male

~~*Married*~~, *Single,* ~~*Widow, Widower*~~, { Cross out the words not required in this line. }

Occupation, Dealer in hay

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Huntington Ridge Md

Duration of Residence in the City of Baltimore, Twenty Years

Place of Death, { Give street and number. } 14 Boyd St

Cause of Death, { First (Primary,) Typhoid Pneumonia
Second (Immediate,)

Duration of Last Sickness, 7 Days

All the above information should be furnished by the Physician.

Place of Burial, Oakbury Evergreen Cemetery

Date of Burial, December 18th 1875

Undertaker, William A. Lance

Place of Business, 110 119 East St. *Address* 618 W Balto St

J Beaufort Litsinger M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7032

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT D.C. 12 1875 BALTIMORE

Date of Death, Dec. 17th, 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mrs. Susan R. Wheatley

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 65 *Years.* *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 20 years

Place of Death, {Give street and number.} #286 S. Dallas St.

Cause of Death, {First (Primary,) Died suddenly —
Second (Immediate,) probably of heart disease.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery.

Date of Burial, Dec 20th 1875

Undertaker, Hughes & Co

Place of Business, 65 S. Broadway,

John H. Rehberger M. D.
Medical Attendant.

Address 240 Alice Anna St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 7033

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7033.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 18th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Julius Dietrich

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 30 *Years,* 6 *Months,* 16 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany (Hendrsen)

Duration of Residence in the City of Baltimore, eight years

Place of Death, {Give street and number.} 92 Harrison st Canton

Cause of Death, First (Primary,) Phthisis pulm.

Second (Immediate,) Exhaustion

Duration of Last Sickness, five Months

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel Cem Co, D. Wisbaum M. D.

Date of Burial, Dec 18th 1875 Medical Attendant.

Undertaker, H. Fiedlich

Place of Business, 246 Eastern Av. *Address* 12 S. Eden st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

No. 70311

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 70314

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 19 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 18th Dec. 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Laura Wack

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* One *Months,* 10 *Days.*

Color, White *Sex,* Female

~~Married~~, Single, ~~Widow or Widower~~; {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Privile Ar. 84 Penn^a ave

Cause of Death, First (Primary,) Lumbar Abscess.

Second (Immediate,) Emphysema Pulmo.

Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, December 20th

Undertaker, H Schilling

Place of Business, 72 Penn ave.

W W Hellmann M. D.
Medical Attendant.

Address 120 Penn ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 7035

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7035

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 18th 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Rosa A. Land

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 34 *Years,* 7 *Months,* 10 *Days.*

Color, White *Sex,* Female

~~*Married*~~, *Single,* ~~*Widow or Widower*~~ {Cross out the words not required in this line.}

Occupation, None in particular.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Lancaster Co. Pa.

Duration of Residence in the City of Baltimore, Sixteen years

Place of Death, {Give street and number.} No. 1 S Gintan Av.

Cause of Death, First (Primary,) Phthisis Pulmonalis.

Second (Immediate,) Apnea.

Duration of Last Sickness, Two years.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, 20th Dec

H. K. Setterhoff, M. D.
Medical Attendant.

Undertaker, C. Wiegand

Place of Business, 53 Druid Hill Ave *Address* 77 George St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 7036

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7036

The Physicinn who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 20 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Dec 19th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Houck

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, *Years,* *Months,* 1 *Days*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 235 Chase St

Cause of Death, {First (Primary,) Premature birth

Second (Immediate,) being an Eighth ~~month~~ child

Duration of Last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, Dec 20th 9 Oclock

Felix McKinn M. D.
Medical Attendant.

Undertaker, Geo. C. Rodemeyer

Place of Business, 38 Eutaw St *Address* 148 Mul: St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 7037

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7037

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 20 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 18 4

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Francis May Wheeler

Sex, Male or Female, { Cross out the word not required in this line. }

Age, *Years,* 7 *Months,* 3 *Days.*

Color, white *Sex,* female

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Balto Co. Md.

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } On 211 N. Balto st.

Cause of Death, { First (Primary,) Malignant Scarlet fever
Second (Immediate,) Convulsions

Duration of Last Sickness, about 24 hours

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery Chas J Knabe *M. D.*

Date of Burial, Dec 20 1875 Medical Attendant.

Undertaker, Wm Frey

Place of Business, Broadway *Address* 222 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 7038

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7038

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 29 1875 HEALTH DEPARTMENT BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 15th Decemb. 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charlotte Lingelbach.

Sex, ~~Male or~~ *Female.* {Cross out the word not required in this line.}

Age, 2 *Years,* 3 *Months,* 3 *Days.*

Color, white *Sex,* female

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 143 E. Baltimore St.

Cause of Death, First (Primary,) Scarlet fever

Second (Immediate,) Apoplexia.

Duration of Last Sickness, two days.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Dec 29th 1875

Robert Arthur M. D.
Medical Attendant.

Undertaker, H. Sander

Place of Business, 253 Canton Ave. *Address* 42 N. Broadway.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

No. 7039

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7039

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 20 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Dec 18th

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 3 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Married

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Md

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, { Give street and number. } 530 Fayette St

Cause of Death, { First (Primary,) Scarlet Fever

Second (Immediate,) Collapse

Duration of Last Sickness, 1 week 3 days

All the above information should be furnished by the Physician.

Place of Burial, 2nd Presbyterian Burying Ground

Date of Burial, Dec 20th 1875

Undertaker, Hughes & Co

Place of Business, 530 Fayette St *Address*

J. J. [illegible] M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 7040

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7040

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 20 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 18 December 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Rebecca Shaffner

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 60 *Years,* *Months,* *Days.*

Color, W *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation, "

Birthplace, {State or country (and how long in the United States, if of foreign birth.} " Unknown

Duration of Residence in the City of Baltimore, "

Place of Death, {Give street and number.} 121 N Charles r Balto Md

Cause of Death, First (Primary,) Apoplexy

Second (Immediate,)

Duration of Last Sickness, one hour

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemetery

Date of Burial, 20th Dec 1875

J M Patterson M. D.
Medical Attendant.

{*Undertaker,* H & W Jenkins Son
Place of Business, 16 Light St.

Address 23 Franklin st Balto

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 7041

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7041

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 20 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 20 Dec. 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Kate Marshall.

Sex, Male or Female, {Cross out the word not required in this line.} ~~Male~~ Female

Age, 20 *Years,* " *Months,* " *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single.

Occupation, House-work

Birthplace, {State or country (and how long in the United States, if of foreign birth.} City.

Duration of Residence in the City of Baltimore, 20 yrs

Place of Death, {Give street and number.} Washington University Hospital

Cause of Death, First (Primary,) Typhus Fever.

Second (Immediate.)

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, 20th day of December

Undertaker, Frances Cramer

Place of Business, 111 Eastern Avenue

H. Wolfe *M. D.*

Medical Attendant.

Address Washington University Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 7012

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7012,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 20 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Dec 1st;

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Quinn

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, — *Years,* 2 *Months,* — *Days.*

Color, White *Sex,* Male

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 2 M

Place of Death, {Give street and number.} 53 Clay St

Cause of Death, {First (Primary,) Croup

Second (Immediate,) 24 hours

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mount Hope

Date of Burial, 2 o'clock 20 Dec/75

{*Undertaker,* Conrad Bender

Place of Business, No 60 Saratoga St

Address 62 Park Ave

Geo L. Rice M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. [illegible]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7043.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 20 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, December 18th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Joseph S. Dixon

Sex, Male or Female, {Cross out the word not required in this line.}

Age, [illegible] *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Detective

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} No. 240 Fayette Street

Cause of Death, {First (Primary,) Congestion

Second (Immediate,) Hematemesis or Hemorrhage of the Stomach

Duration of Last Sickness, About Thirty hours

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, December 21st 1875

{*Undertaker,* John H. Weaver

{*Place of Business,* #22 W. Fayette St *Address*

Milton A. Taylor *M. D.*

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 10141

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7044

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec. 19th 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Maggie Bachmann

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, *Years,* *Months,* 4 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Balt. Md.

Duration of Residence in the City of Baltimore, Died at birth.

Place of Death, { Give street and number. } 129 E. Fayette,

Cause of Death, { First (Primary,) Spasmodic asthma
Second (Immediate,) }

Duration of Last Sickness, Since birth

All the above information should be furnished by the Physician.

Place of Burial, Canton Ave Cemetery

Date of Burial, Dec 21st 1875

Undertaker, Chas Rossing

Place of Business, E Fayette St *Address* Balt & Nash. sts.

H. Hamill, Jr. M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 1

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7045

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec. 17th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Stella Jarrett

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 2 *Years,* *Months,* 7 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore. Since birth

Place of Death, {Give street and number.} 19 S. Charles St.

Cause of Death, First (Primary,) Diphtheria.

Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician

Place of Burial, Mt. Carmel Cemetery

Date of Burial, Dec 21/75

Undertaker, Central

Place of Business, 62 N Broadway

Address 20 Caroline Street

Samuel D. Vinson *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

(Transit 297)

No. [illegible]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7046.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 20 1875 REGISTRAR'S DEPARTMENT BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Dec 19th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Edith L Brownell

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, *Years,* [illegible] *Months,* 13 *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} B City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 10. Bartlett st

Cause of Death, First (Primary,) Scarlet Fever

Second (Immediate.)

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Cemetery

Date of Burial, Decem 20

J H Mennes *M. D.*
Medical Attendant.

Undertaker, J H Cook

Place of Business, 707 Pratt Baltimore *Address* 76 Pearl st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 7047

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 20 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 19th 75

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Warren Patrick

Sex, Male ~~or Female~~, {Cross out the word not required in this line,}

Age, 17 *Years,* *Months,* *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore.

Place of Death, {Give street and number.} 10 George St.

Cause of Death, {First (Primary.) / Second (Immediate,)} Chronic Cystitis

Duration of Last Sickness, Abut 16 years

All the above information should be furnished by the Physician

Place of Burial, Western C. —

Date of Burial, Dec 20 — 1875 —

Undertaker, J. B. Blackistan & Son

Place of Business, 606 West Balt St

D. H. Miller M. D.
Medical Attendant.

Address 89 N. Second St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children

[OVER.]

No. 10118

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7048

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec. 18

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Infant son Parents Jane & Maggie Lank

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ~~Zero~~ *Years,* 1 *Months,* 7 *Days.*

Color, Colored *Sex,* Male 1

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Five weeks

Place of Death, {Give street and number.} 102 S. Dallas St

Cause of Death, First (Primary,) Enteritis

Second (Immediate,) Cerebral Complication

Duration of Last Sickness, Four days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Dec 20 1875

Undertaker, William A Dorsey

Place of Business, No 104

James A Leonard M. D.

Address Commis of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Informations — Mr Leonard Medical Student attending

No. 7049

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7049.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 19 14

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George Aubel

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 5 *Years,* 3 *Months,* 19 *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 1116 Sterret st

Cause of Death, First (Primary,) Croup (Pseudo membranous)

Second (Immediate.) Asphyxia.

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Bethlehem Cemetery

Date of Burial, Dec 21st

Undertaker, H. J. Tickner.

Place of Business, 65 S. Eutaw st

J. L. Buddenbohn M. D.
Medical Attendant.

Address 116 Columbia Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 7050

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 19th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Ann Watts

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ——— *Years,* 2 *Months,* ——— *Days.*

Color, Col'd

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 15 Dawson alley

Cause of Death, {First (Primary,) Cerebral Irritation; Second (Immediate,) Asthenia

Duration of Last Sickness, ———

All the above information should be furnished by the Physician

Place of Burial, Ass. Evergr. Cemetery

Date of Burial, Dec 21, 1875

James A Steuart M. D.
~~Med. Practitioner.~~

{*Undertaker,* John C. Jordan
Place of Business, Park St

Address Commiss'r of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Phillips Watts (Father of child)

[OVER.]

...SICIANS IS RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 7057.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 20 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, December 20. 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Susie Müller

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ~~~~ *Years,* 10 *Months,* 5 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore. 10 mos. & 5 das.

Place of Death, {Give street and number.} #110 E. Biddle St.

Cause of Death, First (Primary,) Scarlatina Maligna

Second (immediate,) Meningitis

Duration of Last Sickness, 2 1/2 days

All the above information should be furnished by the Physician

Place of Burial, Balt. Cemetery

Date of Burial, December 21 1875

Undertaker, Henry Keech

Place of Business, E. Baltimore

Geo. A. Hartman *M. D.*

Medical Attendant.

Address #305 N. Caroline

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children

[OVER.]

...SICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 70521

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 29 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec. 17th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Elizabeth Thomas

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 5 *Years,* 11 *Months,* 17 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore. Since birth

Place of Death, {Give street and number.} 145 S. Chapel St.

Cause of Death, First (Primary,) Burns (Scalds)

Second (Immediate,)

Duration of Last Sickness, 1½ days

All the above information should be furnished by the Physician

Place of Burial, St Francis Cem.

Date of Burial, Dec 20th 1875

Thos. A. Thomas *M. D.*
Medical Attendant.

Undertaker, H. Sherlock

Place of Business, Eastern Ave. *Address* 207 Eastern Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7053

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 20 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, December 19th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Dorathy Wagner

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, (about) 50 *Years,* ——— *Months,* ——— *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation, Seamstress

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, (about) 25 years

Place of Death, {Give street and number.} 177 W. Pratt st.

Cause of Death, First (Primary,) Pulmonary Consumption

Second (Immediate,) Pulmonary Hemorrhage

Duration of Last Sickness, Sudden

All the above information should be furnished by the Physician

Place of Burial, Eastern Cemetery

Date of Burial Dec 20th 1875

Undertaker, Justus Staffie

Place of Business, 99 Camden St.

Address N. W. cor Hanover & Barre sts

R. G. Lee M. D.
~~Medical Attendant~~
Coroner

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children

[OVER.]

No. 7051

...TION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7054

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Diceumber 19th 1875 (Sheinpfle)

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Anna Martha Schinpf

Sex, ~~Male~~ *Female,* {Cross out the word not required in this line.} Female

Age, 43 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.} Married

~~Occupation~~,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Bavaria

Duration of Residence in the City of Baltimore, 22 years

Place of Death, {Give street and number.} No 73 Thames St

Cause of Death, {First (Primary,) Typhoid Fever

{Second (Immediate,)

Duration of Last Sickness, Three weeks

All the above information should be furnished by the Physician

Place of Burial, Mount Carmel Cemetery

Date of Burial, December 21st 1875

{*Undertaker,* Fred Bakers

{*Place of Business,* 36. Thames St

Thomas D. Evans M. D.
Medical Attendant.

Address No 18 Jackson Square

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 7055

...of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7055

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec, 18th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Caroline Hammond

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 36 *Years,* *Months,* *Days.*

Color, Mulatto *Sex,*

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Domestic

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Howard Co. Md.

Duration of Residence in the City of Baltimore, 16 years

Place of Death, {Give street and number.} 60 Frayne St.

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate,)

Duration of Last Sickness, 5 months

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cem'y *By* R. M. Hall *M. D.*

Medical Attendant.

Date of Burial, Dec 20th 1875

Undertaker, Wm J Gray *Address* 266 N. Stanford St.

Place of Business, 65 Mulberry St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 7056

...n of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7056

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 23 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Dec. 20th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Katie Mettee

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 1 *Years,* 11 *Months,* 1 *Days.*

Color, White *Sex,* Female

~~*Married*~~, *Single,* ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Lexington Ky. 8 Mos.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 91 Hillen St.

Cause of Death, First (Primary,) Diphtheritic Croup

Second (Immediate,)

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery S. N. Hunter M. D.

Date of Burial, Dec. 21st 1875 Medical Attendant.

Undertaker, Geo. Schatling

Place of Business, Cor. Monument & Aisquith Sts. *Address* 111 Greenmount Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

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...hysicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7057

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 20 December 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Peter Weyrich

Sex, Male or Female, {Cross out the word not required in this line.} Male.

Age, Sixty-four *Years,* four *Months,* eight *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Shoemaker

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Hesse Darmstadt, Germany

Duration of Residence in the City of Baltimore, Ten years.

Place of Death, {Give street and number.} No. 119 Lexington St.

Cause of Death, First (Primary,) Phthisis mucosa or pituitosa

Second (Immediate,) Debility

Duration of Last Sickness, Six months.

All the above information should be furnished by the Physician.

Place of Burial, Druidhill Burial ground Charles A Geiger M. D.

Date of Burial, Dec. 21st 1875 Medical Attendant.

Undertaker, Adam Weidemeyer *Address* No. 167 Druid Hill Avenue.

Place of Business, 578½ W. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

K S A F E T Y

...hysicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7058

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 22 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 19th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Jackson L. Johnson

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 41 *Years,* *Months,* *Days.*

Color, white *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Supt. Eastern Station

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, since born

Place of Death, {Give street and number.} 248 E. Pratt

Cause of Death, First (Primary,) Delirium Tremens

Second (Immediate,)

Duration of Last Sickness, one week

All the above Information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Dec 21 1875

Undertaker, Wm A Boiser

Place of Business, 74 N. Bway

Peter E. Dausch M. D.
Medical Attendant.

Address 27 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

KODAK

...SICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7059

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 20 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 18th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Amstead Jane Harod

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* — *One* *Days.*

Color, Black

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 116 S. Dallas Street

Cause of Death, {First (Primary,) ——— Second (Immediate,) Asthenia

Duration of Last Sickness, ———

All the above information should be furnished by the Physician.

Place of Burial, Dallas St. B. G.

Date of Burial, Dec 21st 1875

{*Undertaker,* John W. Locks
Place of Business, S. Wolf St.

James A Steuart M. D.
Name of Attendant

Address Commiss of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Amstead Harod Father

[OVER.]

...ysicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7060

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 20 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 20. 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Christina Schmidt

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, Years, 1. Months, 21. Days.

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Merchant Tailor

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore born Nov 14 1874

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Forest St 1845

Cause of Death, First (Primary,) Pneumonia

Second (Immediate,)

Duration of Last Sickness, 14 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County. Robt M. L. Scott M. D.

Date of Burial, December 22 1875 Medical Attendant.

Undertaker, Weil & Schmidt

Place of Business, 88 E. Lombard St. Address 88 E Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...hysicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7061

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 20 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Dec 18th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sarah E. Killmell

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* Six *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 1433 Cross St

Cause of Death, First (Primary,) / Second (Immediate,) Membranous Croup

Duration of Last Sickness, about one week

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery — J. A. Buck *M. D.*

Date of Burial, Dec 21st 1875 — Medical Attendant.

Undertaker, Wm. Slacom

Place of Business, No 150 Canton — *Address* 141 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

hysicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7062

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 23 1885 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 20 Dec'r 1885

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Hannah Howard

~~Male, Female~~ *Female,* {Cross out the word not required in this line.}

Age, 55 *Years,* 4 *Months,* *Days.*

Color, colored *Sex,*

Married, ~~Single, Married or Widow(er),~~ {Cross out the words not required in this line.} Married

Occupation, Laundress

Birthplace, {State or country (and how long in the United States, if of foreign birth.} annarandel county Md.

Duration of Residence in the City of Baltimore, 8 years

Place of Death, {Give street and number.} 107 Stirling st

Cause of Death, {First (Primary,) / Second (Immediate,)} heart disease

Duration of Last Sickness, six weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Dec. 21st 1885

Undertaker, William A. Davis *Address* 114 N. Eutaw St.

Place of Business, 111 W. Fayette St.

D W. Cathell M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 1065

of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7063

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 21 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 20th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Arthur Louis Mahyler

Sex, Male or Female, {Cross out the word not required in this line.} .....

Age, 1/2 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, All ys. 7 mo. 20 d.

Place of Death, {Give street and number.} No 78 S. Sharp St

Cause of Death, First (Primary,) .....

Second (Immediate,) Scarlatina Maligna

Duration of Last Sickness, 2 1/2 days

All the above information should be furnished by the Physician.

Place of Burial, Near Sinai Cemetery

Date of Burial, Dec 21st 1875

Undertaker, Wm Edau

Place of Business, 101 Gough St.

Dr. L. M. Hunter *M. D.*
Medical Attendant.

Address No 203 N Lond St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish in forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate g forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person ed, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...ysicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7064

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 18th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Delphine Laura Esmerz

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.} Female

Age, ____ *Years,* ____ *Months,* a few Hours *Days*

Color, ____ *Sex,* ____

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ____

Occupation, ____

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, ____

Place of Death, {Give street and number.} N 121 N. Howard St

Cause of Death, {First (Primary,) / Second (Immediate,)} Prematurely Born.

Duration of Last Sickness, ____

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral Cemetery

Date of Burial, 21st Dec 1875

H. H. Hayward M. D.
Medical Attendant.

Undertaker, H. M. Jenkins & Son *Address* N 114 Park Ave

Place of Business, 16 Light St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and conditlon (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...hysicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7065

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 21 1875 REGISTRAR'S DEPARTMENT BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, December 20 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary McLaughlin

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 81 *Years,* year *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Housekeeper

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Born in Maryland

Duration of Residence in the City of Baltimore, Baltimore 78 years.

Place of Death, {Give street and number.} Aged Woman Home

Cause of Death, First (Primary,) Umbilical Hernia (Large Size)

Second (Immediate,) Obstruction of Bowel

Duration of Last Sickness, 4 Days

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cem

Date of Burial, 21st Dec 1875

Henry R. Noel M. D.
Medical Attendant.

Undertaker, H. H. Jenkins & Son

Place of Business, 16 Light St. — *Address* 1010 N. Carey

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

...hysicians is respectfully invited to the remarks below, and to List of Diseases on ... this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7066

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 21 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec. 21st 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Nancy M. Rheem

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 49 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Housework

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Penna.

Duration of Residence in the City of Baltimore, 12 Years.

Place of Death, {Give street and number.} 148 Hillen St.

Cause of Death, First (Primary,) Bronchitis.

Second (Immediate,) General Debility

Duration of Last Sickness, About 7 Years

All the above information should be furnished by the Physician.

Place of Burial, Old North B. G. H. T. Reynolds M. D.

Date of Burial, Dec 21 1875 Medical Attendant.

Undertaker, Wm. L. Hughes

Place of Business, 611 E Balto *Address* 186 Aisquith St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...SICIANS IS RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on B... ...s CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7067

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 23 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec. 22 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Infant Williams

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, *Years,* *Months,* 4 *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 1 Spring Garden Ave

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 1 Spring Garden Ave

Cause of Death, {First (Primary,) Asphyxia

~~Second~~ (Immediate,) Smothered by being laid upon by the mother during sleep

Duration of Last Sickness,

All the above information should be furnished by the Physician

Place of Burial, Laurel Cemetery

Date of Burial, Dec 24 '75

Undertaker, J. M. Shaw

Place of Business, 174 W Monument

J. Hanry Little *M. D.*
Medical Attendant.

Address 98 Hanover

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...ysicians is respectfully invited to the remarks below, and to List of Diseases on ... this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7068

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec. 20th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Estelle Webb

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 2 *Years,* 2 *Months,* 10 *Days.*

Color, ~~e~~ *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore St.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 112 Price St,

Cause of Death, First (Primary,) Marasmus

Second (Immediate,)

Duration of Last Sickness, Four months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Dec 21 1875

Undertaker, S. W. Chase

Place of Business, No 198 Howard St.

John Sch M. D.
Medical Attendant.

Address 558 W. Lafayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...hysicians is respectfully invited to the remarks below, and to List of Diseases on ba... this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7069

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 27 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sunday Dec. 26th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Louisa Simms

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 46 *Years,* — *Months,* — *Days.*

Color, Black *Sex,* female

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Washwoman

Birthplace, {State or country (and how long in the United States, if of foreign birth.} West River Maryland

Duration of Residence in the City of Baltimore, 24 years

Place of Death, {Give street and number.} 211 Hamburg Street

Cause of Death, First (Primary,) Cancer of breast

Second (Immediate,) Asthenia

Duration of Last Sickness, 5 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Dec 25 1875

Undertaker, H M Chase

Place of Business, No 198 Howard St *Address*

N. R. Smith M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Physicians is respectfully invited to the remarks below, and to List of Diseases on [illegible] this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7070

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 19 [illegible]

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Harriet Frances Banes

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 19 *Years,* — *Months,* — *Days.*

Color, *Sex,* Female

~~Married~~, *Single,* ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 19 years

Place of Death, {Give street and number.} 11 Hackins St

Cause of Death, {First (Primary,) Supposed Apoplexy

{Second (Immediate,)

Duration of Last Sickness, one day

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, December 21

{*Undertaker,* William H. Langene

{*Place of Business,* 104 East St.

E. C. [illegible] M. D.
Medical Attendant.

Address 194 N High St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Physicians is respectfully invited to the remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7071

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 31 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec. 1.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Rosa L. Taylor

Sex, ~~Male or~~ Female, { Cross out the word not required in this line. }

Age, ——— *Years,* Three *Months,* Ten *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Balt.

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 44 Myrtle Ave.

Cause of Death, { First (Primary,) Pneumonia
Second (Immediate,) Inf tuki

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem.

Date of Burial, Dec 21, 1875

{ *Undertaker,* J. B. Blackistone Son
{ *Place of Business,* 606 Balt St *Address*

A. M. Wilson *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on ... CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7172

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 29 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 20th December 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Thomas Cottingham

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 56 *Years,* *Months,* *Days.*

Color, White

~~*Married, Single, Widow*~~ *or Widower,* {Cross out the words not required in this line.}

Occupation, Blacksmith

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 222 Montgomery

Cause of Death, {First (Primary,) Paralysis

{Second (Immediate,)

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician

Place of Burial, Loudon Park

Date of Burial, Dec 22d 1875

{*Undertaker,* Armstrong & Denny

{*Place of Business,* 263 Light

J. W. Webster M. D.
Medical Attendant.

Address 57 Burrell

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and time of death, except in cases of births and deaths of illegitimate children

[OVER.]

...PHYSICIANS IS RESPECTFULLY INVITED TO THE REMARKS BELOW, AND TO LIST OF DISEASES ON ... CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7073.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT REC 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Dec 21 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Patrick Stack

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 18 *Years,* ~~ *Months,* ~~ *Days.*

Color, white

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland — 27 years

Duration of Residence in the City of Baltimore, 27 years

Place of Death, {Give street and number.} 147 Dolphin Street

Cause of Death, {First (Primary.) / Second (Immediate,)} Consumption

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician

Place of Burial, Holy Cross

Date of Burial, Dec 22 1875

James H Cleary M. D.

Undertaker, Chas. T. Scriven

Place of Business, 271 N. Eutaw St

Address Commiss of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Information by Chas T. Scriven (Undertaker

...Physicians is respectfully invited to the remarks below, and to List of Diseases on ...s Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7074

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 21 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 20th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ebenezer Robert Riddell

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 30 yrs. 6 months *Years,* *Months,* *Days.*

Color, White *Sex,*

~~Married~~, *Single,* ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Accountant

Birthplace, {State or country (and how long in the United States, if of foreign birth.} London England

Duration of Residence in the City of Baltimore, 12 years living in this country

Place of Death, {Give street and number.} 81 N. Liberty St

Cause of Death, First (Primary,) Typhoid fever

Second (Immediate,)

Duration of Last Sickness, 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cemetery

Date of Burial, 22d Dec 1875

Undertaker, H. J. M. Jenkins & Son

Place of Business, 16 Light St

L. McLane Tiffany M. D.
Medical Attendant.

Address 31 Cathedral St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...hysicians is respectfully invited to the remarks below, and to List of Diseases on ba... this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7175

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 21st 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Tolan

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Twenty eight *Years,* *Months,* *Days.*

Color, White *Sex,* male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Stone Cutter

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland. About 45 years in U. S.

Duration of Residence in the City of Baltimore, Forty years.

Place of Death, {Give street and number.} East Little Second Street

Cause of Death, {First (Primary,) / Second (Immediate,)} Asthma.

Duration of Last Sickness, Not known.

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral Cemetery.

Date of Burial, Dec 23 1875

Undertaker, James D Byrne

Place of Business, No 63 ~~Bond~~ Front ~~St~~

Mar. B. Zieler M. D.
Medical Attendant.

Address 156 East Eager St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...ysicians is respectfully invited to the remarks below, and to List of Diseases on b... Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7076

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
DEC
1875
BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, December 20th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Natalie Edwards

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 11 *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, 1 yr 11 mo

Place of Death, {Give street and number.} Lombard st 659

Cause of Death, First (Primary,) Diphtheria

Second (Immediate,) Coma

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery, 2nd Entrance

Date of Burial, Dec 21st

M. D.
Medical Attendant.

Undertaker, Wm M. Leonard

Place of Business, 92 W. Baltimore st
Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...f Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7077.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Alice M Mahon Dec 20th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Alice M Mahon

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 3 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

~~*Married*~~, *Single*, ~~*Widow or Widower*~~ {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Since

Place of Death, {Give street and number.} Cor Bath & Davis S. E

Cause of Death, {First (Primary,) Scarlatina Maligna

{Second (Immediate,)

Duration of Last Sickness, 3 Days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery Geo B Reynolds M. D.

Date of Burial, December 22nd 1875 Medical Attendant.

{*Undertaker,* Hy Hauck *Address* 34 N. Calvert

{*Place of Business,* 309 Central Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...sicians is respectfully invited to the remarks below, and to List of Diseases on ba... ...ertificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7078

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 11 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 20th 6 P.M

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Ann Woods

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Three *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 122 Holliday St Balt'r City

Duration of Residence in the City of Baltimore, Three (3) Years

Place of Death, {Give street and number.} [redacted] No 2 Balto St

Cause of Death, First (Primary,) Scarlatina

Second (Immediate,) Septic Poisoning

Duration of Last Sickness, Seven 7 Days

All the above information should be furnished by the Physician.

Place of Burial, St. Vincents Cem

Date of Burial, Dec 22 1875

N. G. Keirle M. D.
Medical Attendant.

Undertaker, Geo C. Rodemyer

Place of Business, 38 Enson St *Address* 74 N. Paca St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...hysicians is respectfully invited to the remarks below, and to List of Diseases on back ... this Certificate.

Board of Health, City of Baltimore,

Permit No. 7079

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 19 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 19th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Louisa Howell

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 42 *Years,* *Months,* *Days.*

Color, col *Sex,* Female

Married, ~~Single~~, ~~Widow~~ *or* ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Laundress

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore County

Duration of Residence in the City of Baltimore, 25 years

Place of Death, {Give street and number.} East 143 (Street)

Cause of Death, First (Primary,) Rheumatism

Second (Immediate.) Disease of the Heart

Duration of Last Sickness, 1 year

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Dec 21st 1875

E. G. Baldwin M. D.
Medical Attendant.

Undertaker, Wilson C. Lewis

Place of Business, 110 104 East St. *Address* 124 N. Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 7080 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT DEC 23 1878 BALTIMORE

Date of Death, Dec 21

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Margaret Magill Diggett

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 23 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, ~~Single~~, ~~Widow or Widower.~~ {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, ——— Life

Place of Death, {Give street and number.} Univ Hospital Lombard St

Cause of Death, First (Primary,) Typhoid Fever

Second (Immediate,) Asthenia

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery T. A. Asbby M. D.

Date of Burial, Dec 22 nd 1878 Medical Attendant.

Undertaker, H & Bowers

Place of Business, No 707 W Baltimore Street *Address* Univ. Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7081.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 21 1895 HEALTH DEPARTMENT BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 21 December 1895

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Andrew

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ____ *Years,* ____ *Months,* 3.5 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Foundling

Duration of Residence in the City of Baltimore, 4 weeks

Place of Death, {Give street and number.} St Vincents Infant Asylum

Cause of Death, {First (Primary,) atrophy
Second (Immediate,) convulsions

Duration of Last Sickness, 24 hours

All the above information should be furnished by the Physician.

Place of Burial Cathedral Cemetery

Date of Burial, 22 Dec 1895

Mahlon Brown M. D.
Medical Attendant.

Undertaker, Sisters of

Place of Business, Institution

Address 201 W. Biddle St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7082.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 20. 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Rose

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, Years, Months, 28 Days.

Color, White

Married, Single, Widow or Widower. {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Foundling

Duration of Residence in the City of Baltimore, 21 days

Place of Death, {Give street and number.} St Vincents Infant Asylum

Cause of Death, First (Primary,) atrophy

Second (Immediate,) convulsions

Duration of Last Sickness, 2 hours

All the above information should be furnished by the Physician

Place of Burial, Cathedral Cemetery

Date of Burial, Dec 22. 1875

Undertaker, Sisters in Charge

Place of Business, of Institution

Mahlon Brown M. D.
Medical Attendant.

Address 201 N. Biddle St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Physicians is respectfully invited to the remarks below, and to List of Diseases on back ...te.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7083

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 23 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 21st

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jacob Walper

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 68 *Years,* 10 *Months,* 11 *Days.*

Color, white *Sex,* male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Baker

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Rothenburg Kurhessia Germany. (about 23 years)

Duration of Residence in the City of Baltimore, 23 years

Place of Death, {Give street and number.} No 128 Low Street

Cause of Death, First (Primary,) Pneumonia

Second (Immediate,) Asthenia

Duration of Last Sickness, about 7 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem'y. (Sig.) J. Kluber M. D.

Date of Burial, Dec 22. 1875. Medical Attendant.

Undertaker, H. Hofmann, *Address* 222 N Broadway

Place of Business, No 63 N. Eden St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7084

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Dec 21 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Peter Hart

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 5 *Years,* *Months,* *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 150 Cross

Cause of Death, First (Primary,) Scarlet fever

Second (Immediate,) Hydrophobia Rabies

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician

Place of Burial, St Aloysius

Date of Burial, Dec 23th 1875

Undertaker, C F Krause

Place of Business, 209 Hanover St

L Steiner M. D.
Medical Attendant.

Address 130 High St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...ysicians is respectfully invited to the remarks below, and to List of Diseases on ba... ...ificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7185

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 22 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Dec 21st 75

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Elizabeth Nelson

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 95 *Years,* *Months,* *Days.*

Color, White *Sex,* Widow

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, Dont Know

Place of Death, { Give street and number. } Inst. Little Sisters of the Poor

Cause of Death, { First (Primary,) Old Age / Second (Immediate,) Infirmity

Duration of Last Sickness, 3 or 4 days

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus -

Date of Burial, Dec 22 1875

Jno. Brooke Boyle M. D.
Medical Attendant.

Undertaker, H. Schultheis

Place of Business, Monument St *Address* 174 E. Eager St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...hysicians is respectfully invited to the remarks below, and to List of Diseases on ba... ...cate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7086

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 22 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 21st 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Jane McGarity

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 19 *Years,* *Months,* *Days.*

Color, White *Sex,* —

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} House of The Good Shepherd

Cause of Death, First (Primary,) Pulmonary Consumption

Second (Immediate,)

Duration of Last Sickness, One year —

All the above information should be furnished by the Physician.

Place of Burial, St Peters Ground

Date of Burial, Dec 23rd 75

Chas F. Buchholz M. D.
Medical Attendant.

Undertaker, W. B. Cook

Place of Business, 707 W. Baltimore St Address 279 W. Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7087

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT DEC 22 1875 BALTIMORE.

Date of Death, December 19 — 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jas. McAllister

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, Fifty Years (about) *Months,* 2 ~~Days.~~

Color, White — *Sex,* Male

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.} Married

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland 12 Yrs

Duration of Residence in the City of Baltimore, 27 yrs 7 months

Place of Death, {Give street and number.} 22 Sterrett St

Cause of Death, First (Primary,) Pneumonia

Second (Immediate,) Asthenia

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemet

Date of Burial, Dec 22

C. C. McDowell M. D.
Medical Attendant.

Undertaker, F. Boehme

Place of Business, 26 Sterrett St *Address* 290 Madison ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...physicians is respectfully invited to the remarks below, and to List of Diseases on t... ...cate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7088,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 22 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Dec 21 75

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Ahmad Hauk

Sex, ~~Male or~~ Female, { Cross out the word not required in this line. }

Age, 3 *Years,* 8 *Months,* 2 *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Balto City

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 336 N Exeter st

Cause of Death, { First (Primary,) Albuminuria

Second (Immediate,)

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, Dec 22 1875

Wm. A. Krug M. D.
" " " Medical Attendant.

Undertaker, Wm Elam

Place of Business, 101 Gough st Address City

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7089

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT DEC 23 1895 BALTIMORE

Date of Death, Decbr 21st 1895

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John W Richmond

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 71 *Years,* 8 *Months,* *Days.*

Color, White *Sex,* male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Plain Maker

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number.} 183 Lee St

Cause of Death, First (Primary,) Paralysis

Second (Immediate,) Renewed attack of same disease

Duration of Last Sickness, From first, about 12 months - last attack suddenly fatal

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Decr 23d 1895

Undertaker, John S Mackie

Place of Business, No 150 Canton *Address* 512 W Balto St

E. Goverlock M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7090

The Physician who attended any person in a last Illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 22nd 95

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Hester Ann Watens

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 3 *Years,* 11 *Months,* 23 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 22 Little Church St

Cause of Death, {First (Primary,) Pneumonia
Second (Immediate,) 2 weeks

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, December 22nd 95

Undertaker, Chas F. Herold

Place of Business, 161 Hanover St *Address* 9 Hanover St

H. B. Noble M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7091

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 22nd 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ida Marshalsie Gaines

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, *Years,* 8 *Months,* *Days.*

Color, White *Sex,* Female

~~*Married,*~~ *Single,* ~~*Widowed or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 37 S Carey St.

Cause of Death, First (Primary,) Pneumonia

Second (Immediate,)

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, Dec 28

Undertaker, Wm. M. Leonard

Place of Business, 202 W. Balto.

W. S. Reguler M. D.
Medical Attendant.

Address 19 N Calhoun St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7092

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT DEC 24 1875 BALTIMORE

Date of Death, Dec 20th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George Edward Brown

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 3 *Years,* 5 *Months,* ——— *Days.*

Color, Blk

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 12 Short alley

Cause of Death, {First (Primary,) Scrofula {Second (Immediate,) Croup

Duration of Last Sickness, one day

All the above Information should be furnished by the Physician

Place of Burial, Laurel Cemetery

Date of Burial, Dec 22d 1875

{*Undertaker,* Wm N Dunne {*Place of Business,* East St

James Stewart M. D.
~~Health Attendant~~

Address Commrs of Health & Registrar.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of Illegitimate children.

[OVER.]

Information by Susan Brown Mother of child

T Y ▲ F I L M

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7093

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT DEC 23 1895 BALTIMORE

Date of Death, Dec 20.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents } William L. Cooper

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 35 *Years,* ——— *Months,* — *Days.*

Color, White *Sex,*

Married, ~~Single, Widow or Widower~~, { Cross out the words not required in this line. }

Occupation, Laborer

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Virginia

Duration of Residence in the City of Baltimore, 3 Years

Place of Death, { Give street and number. } 38. Cross St.

Cause of Death, { First (Primary,) Bright's disease of the Kidney / Second (Immediate,) Congestion of the Lungs

Duration of Last Sickness, 15 Months

All the above information should be furnished by the Physician.

Place of Burial, Balt Cemetery *Date of Burial,* Dec 23 th 1895

Leonard Bd Jr M. D.
Medical Attendant.

{ *Undertaker,* C F. Krause / *Place of Business,* 209 Hanover *Address* 146. Hanover St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

D A K S A F E

ysicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7094

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT DEC 22 1875 BALTIMORE

Date of Death, Dec 19th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ellen Wilson Leighmon

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 14 *Years,* 8 *Months,* *Days.*

Color, White *Sex,* Female

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Lady

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Born Ann Co Md

Duration of Residence in the City of Baltimore, 2 months

Place of Death, {Give street and number.} 69 X Calvert st

Cause of Death, First (Primary,) Hip disease & marasmus

Second (Immediate,) Pulmonary Consumption

Duration of Last Sickness, 6 years

All the above information should be furnished by the Physician.

Place of Burial, Easton Talbot Co Hermitage Eastern Shore

Date of Burial,

James A Lewis M. D.
Medical Attendant.

Undertaker, Hy W Jenkins & Son *Address* 93 Park ave

Place of Business, 16 Light St

Baptist

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[ov

(Transit 298)

Board of Health, City of Baltimore,

Permit No. 7095

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT DEC 22 1875 BALTIMORE

Date of Death, 21st December 1875,

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} C. Innis, Co. Co. Jail

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ____ *Years,* 2 *Months,* 11 *Days.*

Color, ____ *Sex,* ____

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, ____

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, 2 Months & 11 days

Place of Death, {Give street and number.} Co. Co. Jail & Blackmough st

Cause of Death, First (Primary,) Indigestion

Second (Immediate,) Congestion Brain

Duration of Last Sickness, 2 Months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery. Wm. L. Rowell M. D.

Date of Burial, Dec. 22nd 1875. Medical Attendant.

Undertaker, Wm. H. Hickman Address Broadway &

Place of Business, 234 S. Gay St. Madison St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7096

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 21st 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Alice G. Hampton

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 7 *Years,* 11 *Months,* 27 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt Md

Duration of Residence in the City of Baltimore, always

Place of Death, {Give street and number.} 29 E. Saratoga st

Cause of Death, First (Primary,) Acute Rheumatism

Second (Immediate,) Hypertrophy of heart & Pneumonia

Duration of Last Sickness, Four weeks

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Dec 23rd 1875

Undertaker, Thos L Hughes *Address* 110 W Broadway Balto

Place of Business, 110 E Balto

John A Conner *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish [illegible] within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate [illegible] forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person [illegible] the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7098

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT DEC 23 1875 BALTIMORE

Date of Death, December 20th 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Winifred Hughes

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Forty four *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City, Md.

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} No. 165. Corner Canton avenue & Patterson Pk.

Cause of Death, First (Primary,) Consumption

Second (Immediate,)

Duration of Last Sickness, Six Months.

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, Dec. 23rd 1875

Undertaker, Mathias A Quigley

Place of Business, 74 V B'way

Nicholas L. Cantell M. D.
Medical Attendant.

Address 207 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7099

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 20 75

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Mary Jane Rowe

~~*Sex, Male*~~ *or Female,* {Cross out the word not required in this line.} Female

Age, 27 *Years,* 2 *Months,* 19 *Days.*

Color, White *Sex,* Female

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.} Married

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Manchester Md

Duration of Residence in the City of Baltimore, about 25 years

Place of Death, {Give street and number.} 8 ~~Room~~ McHenry

Cause of Death, First (Primary,) Consumption

Second (Immediate,) Exhaustion

Duration of Last Sickness, About 3 months

All the above information should be furnished by the Physician.

Place of Burial, Ost. Mount

Date of Burial, Dec 23rd

Undertaker, W. J. Tukner

Place of Business, 65 S. Eutaw

W. H. Kemp M. D.
Medical Attendant.

Address 53 N. Greene

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...ysicians is respectfully invited to the remarks below, and to List of Diseases on ba...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7100

The Physician who attended any person in a last Illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec. 22nd 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Margaret Conolly

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 65 *Years,* ——— *Months,* ——— *Days.*

Color, White *Sex,* Female

Married, ~~Single~~, ~~Widow~~ ~~Widower~~, {Cross out the words not required in this line}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 4 Yrs

Place of Death, {Give street and number.} No 8. Harford Ave

Cause of Death, {First (Primary,) Heart Disease
Second (Immediate,) 2 Weeks

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Vincents

Date of Burial, Dec 23rd 75

Undertaker, John J Rodenmayer

Place of Business, N E Cor Greenmount Ave & Monument St

J. H. Hunter M. D.
Medical Attendant.

Address 911 Greenmount Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Bo[illegible] of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7[illegible]1

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 20th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Robert Bradbury

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, about 42 *Years,* ——— *Months,* ——— *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word is not required in this line.} Married

Occupation, Rigger

Birthplace, {State or country (and how long in the United States, if of foreign birth} Balto. City Md

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} Elevator B. B & O R. Co. L. Pt.

Cause of Death, First (Primary,) Accident

Second (Immediate,) Smothered

Duration of Last Sickness,

All the above information should be furnished by the Physician

Place of Burial, Methodist Pervial ground Philadelphia Road

Date of Burial, Dec. 22

Undertaker, John W. Lake

Place of Business, 59 & Wolfe st

R. C. Lee M. D.
Medical Attendant.
Coroner

Address Hanover St. Bar[illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7102

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT DEC 23 1875 BALTIMORE

Date of Death, December 21st 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Laura Wing

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, Three *Years,* *Months,* *Days.*

Color, Colored *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 8 Brent's Alley

Cause of Death, { First (Primary,) Marasmus
Second (Immediate,)

Duration of Last Sickness, Three months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Dec. 23, 75

{ *Undertaker,* Samuel M. Chase
Place of Business, 49 W. Hanover st

Address Northwestern Dispensary No 108 Pratt Ave

H. S. Bonn M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7103

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, ...

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} .....

Sex, Male or Female, {Cross out the word not required in this line.} .....

Age, ... *Years*, ... *Months*, ... *Days.*

Color, ...

Married, Single, Widow or Widower, {Cross out the words not required in this line} .....

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.} .....

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number.} .....

Cause of Death, { First (Primary,) ..... Second (Immediate,) .....

Duration of Last Sickness, ...

All the above information should be furnished by the Physician

Place of Burial, Holy Cross Cemetery

Date of Burial, December 23rd 1875

Undertaker, H. H. Gibney Jr

Place of Business, 341 Canton Ave,

M. D.
Medical Attendant.

Address .....

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 7104

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 19 - 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henrietta Brown

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 35 *Years,* *Months,* *Days.*

Color, Colored *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 5 years

Place of Death, {Give street and number.} Gills Court

Cause of Death, First (Primary,) Labour - Placenta prævia, Hemorrhage.

Second (Immediate.) Syncope

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, James Cemetery

Date of Burial, Nov 21st 1875

L. E. Atkinson M. D.
Medical Attendant.

Undertaker, Wm Sames Son

Place of Business, 65 Mulberry St. *Address* 209 W Biddle St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7105

The Physician who attended any person in h last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 20 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 20th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Thos Meaken

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 32 *Years,* *Months,* *Days.*

Color, W *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Unknown

Occupation, Seaman

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto Co

Duration of Residence in the City of Baltimore, Unknown

Place of Death, {Give street and number.} Schooner Breeze

Cause of Death, First (Primary,) Fracture of Skull

Second (Immediate,) Compression Brain

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, E. Potters Field

Date of Burial, Dec 22 1875

Undertaker, W. Donovan

Place of Business, 148 S. Central av *Address*

Chas M. Morfit M. D.
Coroner ~~Medical Attendant.~~

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7106

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 22nd 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Eilman

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 8 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Alexandria Va

Duration of Residence in the City of Baltimore, 7 years

Place of Death, {Give street and number.} 685 W Balt st

Cause of Death, First (Primary,) Poisoned accidentally.
Second (Immediate,)

Duration of Last Sickness, 5 hours.

All the above information should be furnished by the Physician

Place of Burial, Western Cemetery

Date of Burial, Dec 23rd 1875

Undertaker, I B Cook

Place of Business, No 707 W Baltimore Street

Geo C Ofte Coroner. M. D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the ...ician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight ... after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the ... be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and ...ath, except in cases of births and deaths of illegitimate children.

[OVER.]

...SICIANS IS RESPECTFULLY INVITED TO THE REMARKS BELOW, AND TO LIST OF DISEASES ON B...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7107

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Decemter 21. 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Helen M. Shaw.

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 6. *Years,* *Months,* *Days.*

Color, White *Sex,* Female.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} No 27 E. Fayette St.

Cause of Death, First (Primary,) Scarlet Fever

Second (Immediate,)

Duration of Last Sickness, Ten days

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, Dec 23rd 1875

Undertaker, Thos. J. Hayes & Co *Address*

Place of Business, 100 E Fayette

S. N. Hoeck M. D.
Medical Attendant.

100 E Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

ysicians is respectfully invited to the remarks below, and to List of Diseases on ba

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1110

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 22 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec. 21 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Benjamin Ullman

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 57 *Years,* —— *Months,* — *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} married

Occupation, Merchant

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 104 Lon St

Cause of Death, First (Primary,) Consumption of the Lungs.

Second (Immediate.)

Duration of Last Sickness, 4 months.

All the above Information should be furnished by the Physician.

Place of Burial, H. B. Hebrew Cong. Cemetery Abram B Arnold M.D.

Date of Burial, Dec 23/75

Medical Attendant.

Undertaker, Wm Eilau

Place of Business, 101 Gough St. Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7111

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 24 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 22 1875 12 30 P. M. Midnight

Full Name of Deceased, {Write legibly and spell correctly. If an infant unnamed, give names of parents.} Ella Collins

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 0 *Years,* 0 *Months,* *Days.*

Color, White *Sex,* Female

Married, Single or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} N. E. Caroline St.

Cause of Death, First (Primary,) Double Pneumonia

Second (Immediate,)

Duration of Last Sickness, 3 Days

All the above information should be furnished by the Physician.

Place of Burial, St Patricks Cemetery

Date of Burial, Dec 23 1875

Undertaker, James P Byrne

Place of Business, No 63 N Front St

James E. Emerille M. D.
Medical Attendant.

Address 117 E. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Physicians is respectfully invited to the remarks below, and to List of Diseases on b

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7112

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *separately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 25 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, December 24th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Dennison

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, One Year *Years,* Eight *Months,* *Days.*

Color, White *Sex,* Married

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 17 North St.

Cause of Death, {First (Primary,) Second (Immediate,)} Scarlet Fever

Duration of Last Sickness, Nine Days

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral Cemetery

Date of Burial, Dec 28th 1875

{*Undertaker,* James P Byrne
Place of Business, No 63 N Front St}

C. C. Wm M. D.
Medical Attendant.

Address 195 N. Exeter St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

ysicians is respectfully invited to the remarks below, and to List of Diseases on ba

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7113

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 23 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 22nd 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Frances Marion Riley

Sex, Male or Female, {Cross out the word not required in this line.}

Age, *Years,* 16 *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Life

Place of Death, {Give street and number.} Corner of Jack & N. Pitts

Cause of Death, First (Primary,) Diphtheria

Second (Immediate,)

Duration of Last Sickness, 48 hours

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetary

Date of Burial, Dec 26th 1875

Undertaker, Hughes & Co

Place of Business, 200 Fayette St

C. F. Wyman M. D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7114

The Physician who attended any person in a last Illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 21st 1895

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Hester Ann Longworth

Sex, Male or Female, {Cross out the word not required in this line.} .....

Age, 81 *Years,* ..... *Months,* ..... *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 35 years

Place of Death, {Give street and number.} 53 Harwood St

Cause of Death, {First (Primary,) General Debility

{Second (Immediate,)

Duration of Last Sickness, 4 years

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Dec 23rd 1895

W. R. Hays *M. D.*
Medical Attendant.

{*Undertaker,* Hughes & Co

{*Place of Business,* 65 S Broadway *Address* 19 S Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7115

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 23 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 21st 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Samuel Smith

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} male

Age, Sixty seven 67 *Years,* Eleven 11 *Months,* twenty one 21 *Days.*

Color, white *Sex,* Male

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.} Married

Occupation, Furniture Mover

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore County Maryland

Duration of Residence in the City of Baltimore, 21 yrs

Place of Death, {Give street and number.} 71 N. Popplston St

Cause of Death, {First (Primary,) Pneumonia
Second (Immediate,)

Duration of Last Sickness, Sixteen " days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, 23 Dec 1875

Undertaker, J. W. Blackson

Place of Business, 606 W. Balt. St. *Address* 398 W. Fayette

Thomas Guil M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7116

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 22d Dec 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Frederick Wm Riles

Sex, Male or Female, { Cross out the word not required in this line. }

Age, ____ *Years,* ____ *Months,* 11 *Days.*

Color, White *Sex,* ____

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, ____

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, ____

Place of Death, { Give street and number. } 376 Do Charles St

Cause of Death, { First (Primary,) Suppression of Urine
Second (Immediate,) Uremia "

Duration of Last Sickness, 6 Days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery A. H. Lodge *M. D.*

Date of Burial, Dec 23rd. Medical Attendant.

Undertaker, H Price

Place of Business, Hanover St 81 *Address* 201 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7117

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 21st 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wm R. Arbuckle

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 9 *Years,* 10 *Months,* 15 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth} Washington City D. C.

Duration of Residence in the City of Baltimore, 5 Years

Place of Death, {Give street and number.} 15 Cocens Court -

Cause of Death, {First (Primary.) Typhoid Fever

{Second (Immediate,)

Duration of Last Sickness, 18 days -

All the above information should be furnished by the Physician

Place of Burial, Louden Park Cemetery

Date of Burial, December 24th 1875

Undertaker, J. B. Cook

Place of Business, 702 W. Baltimore

Dr Geo W Benson — M. D.
Medical Attendant

Address 1111 Hanover St.

DEC 25 1875 BALTIMORE

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Physicians is respectfully invited to the remarks below, and to List of Diseases on Ba...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7118

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 22d 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Bose

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 79 *Years,* 11 *Months,* 2 *Days.*

Color, White *Sex,* Male

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Editor

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Hanover Penn

Duration of Residence in the City of Baltimore, over 70 years

Place of Death, {Give street and number.} 144 St Paul St Balti

Cause of Death, First (Primary,) Softening of the Brain

Second (Immediate,) General Paralysis

Duration of Last Sickness, 5 years

All the above information should be furnished by the Physician.

Place of Burial, Green Mt. Cemetery

Date of Burial, Dec 24 1875

Undertaker, W.M. Jenkins & Co

Place of Business, 16 Light St

James A Steuart M. D.
Medical Attendant.

Address 93 Park Av

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7119

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 25 1875 HEALTH DEPARTMENT BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Dec 22d 75

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents } Marie Schuman

Sex, ~~Male or~~ Female, { Cross out the word not required in this line. }

Age, 73 *Years,* *Months,* *Days.*

Color, white *Sex,*

~~Married~~, ~~Single~~, Widow or ~~Widower~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Germany (Leipzig)

Duration of Residence in the City of Baltimore, about 16 years

Place of Death, { Give street and number. } 215 Montgomery st.

Cause of Death, { First (Primary,) Dropsy
Second (Immediate,)

Duration of Last Sickness, 11 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, Dec 24th 1875

A. Albers M. D.
Medical Attendant.

{ *Undertaker,* Julius Koehler *Address* 45 S Sharp st.
{ *Place of Business,* cor Sharp & Cross st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7120

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 23 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec. 22.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} ~~Em~~ Henry Gundria

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 8 *Months,* 22. *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 306. Cross St.

Cause of Death, {First (Primary,) / Second (Immediate,)} Scarlatina

Duration of Last Sickness, 3 days.

All the above information should be furnished by the Physician.

Place of Burial, Western Cem. *Date of Burial,* Dec 23th 1875

Medford Bro M. D.
Medical Attendant.

Undertaker, Julius Kochler *Address* 146 Hanover st

Place of Business, cor Sharp & Cross st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7121

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 23 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 19th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Dolly McGowney

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 56 *Years,* *Months,* *Days.*

Color, Black *Sex,*

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Cook

Birthplace, {State or country (and how long in the United States, if of foreign birth.} not known

Duration of Residence in the City of Baltimore, not known

Place of Death, {Give street and number.} Univ Hospital Lombard & Greene Sts.

Cause of Death, {First (Primary,) Sarcoma of uterus; Second (Immediate,) Peritonitis

Duration of Last Sickness, Seven days

All the above information should be furnished by the Physician.

Place of Burial, W. P. Field

Date of Burial, Dec 22d

Undertaker, M H & C Berry

Place of Business, 448 W Baltimore st.

T. A Reuben *M. D.*
Medical Attendant.

Address Univ. Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7122

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 23 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 21st 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Wm T. Meyer

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, Eighty Five *Years,* ..... *Months,* ..... *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Married

Occupation, Reporter of German Correspondence

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, Lifetime 40 years

Place of Death, { Give street and number. } Mt Vernon Hospital

Cause of Death, { First (Primary,) Cerebritis with Softening

Second (Immediate,) .....

Duration of Last Sickness, since Nov 18th 1875

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cem

Date of Burial, Dec 24. 1875

Undertaker, John I Rothermyer

Place of Business, NE Cor Greenmount Avenue & Monument St

C. E. Stein, M. D.
Medical Attendant.
Resident Physician Mt Vernon Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 7123. OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 23 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, December 22nd 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Holz

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 2 *Years,* 8 *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, 2 years 8 Months

Place of Death, {Give street and number.} 481. East Balto St

Cause of Death, First (Primary,) Diphtheria

Second (Immediate,)

Duration of Last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cemetery *Medical Attendant.* F. A. McManus *M. D.*

Date of Burial, Dec. 24th.

Undertaker, H. Diffel *Address* 71 Franklin St

Place of Business, South Bond St. 151

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

Permit No. 7124

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 23 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 22

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Flora Kempoole

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 7 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Bact

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 300 W. Fayette St

Cause of Death, {First (Primary,) Diftheritis

{Second (Immediate,)

Duration of Last Sickness, 13 days

All the above information should be furnished by the Physician.

Place of Burial, Chas Shaalom Cemetery

Date of Burial, Dec 24th

J. J. Knight M. D.
Medical Attendant.

{*Undertaker,* Wm Ellis

{*Place of Business,* Address 101 Gough St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

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Board of Health, City of Baltimore,

Permit No. 7125

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 23rd 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Josephine Edwards

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, ——— Years, ——— Months, 7 Days.

Color, Blk

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 18 Stockholm St

Cause of Death, {First (Primary,) Indigestion

Second (Immediate,) Convulsions

Duration of Last Sickness, a few hours

All the above information should be furnished by the Physician

Place of Burial, Shot's St Cemetery

Date of Burial, Dec 23rd 1875 — James H. Chew M. D.

Undertaker, John B. Williams

Place of Business, Lee Street — Address Comm'r of Health & Registrar.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by John B. Williams Undertaker

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7126

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 22nd

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Anna Mary Hellbach

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 30 *Years,* unknown *Months,* unknown *Days.*

Color, white *Sex,* female

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, housekeeper

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Cassel. Hessen. Germany

Duration of Residence in the City of Baltimore, five years

Place of Death, {Give street and number.} nw. corner Lee & Warner Sts.

Cause of Death, First (Primary,) puerperal Fever.

Second (Immediate,) puerperal Fever

Duration of Last Sickness, 11 days.

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, Dec 24th 1875

Undertaker, C. F. Krause

Place of Business, 209 Hanover st

Henry Salzer M. D.
Medical Attendant.

Address 165 W. Lombard St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

KODAK

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7127

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. DEC 23 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Dec 22. 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Rose

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, *Years,* *Months,* 9 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Foundling

Duration of Residence in the City of Baltimore, 3 days

Place of Death, {Give street and number.} St Vincents Infant Asylum

Cause of Death, {First (Primary,) Atrophy. Second (Immediate,) Gastric Hemorrhage

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, 24 Dec. 1875

Undertaker, Sisters

Place of Business,

Marbury Brown M. D.
Medical Attendant.

Address 201 W. Biddle St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 7128 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 23 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Dec. 23. 1875-

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Anthony

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, *Years,* *Months,* 4 2 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the wor ls not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Bay View Asylum.

Duration of Residence in the City of Baltimore, 10 days

Place of Death, {Give street and number.} St Vincents Infant Asylum

Cause of Death, First (Primary,) Atrophy

Second (Immediate,) Hydrocephaloid Convulsions

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, Dec 24 1875-

Undertaker, Sisters in charge

Place of Business,

Marbury Brown M. D.
Medical Attendant.

Address 201 W. Biddle St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of Illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7129

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 23 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Dec' 21st 75-

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Emma Virginia Sheppard

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 1 *Years,* 2 *Months,* *Days.*

Color, Colored *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 24 Orchard St City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.}

Cause of Death, First (Primary,) Erysipelas

Second (Immediate.)

Duration of Last Sickness, Five Weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Dec 23d 1875

Undertaker, Wm J Gray

Place of Business, 63 Mulberry St *Address* 63 Mulberry St

A. O. Parker M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Physicians is respectfully invited to the remarks below, and to List of Diseases on back.

Board of Health, City of Baltimore,

Permit No. 7130

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT DEC 24 1895 BALTIMORE

Date of Death, Dec 23.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } William H (Block

Sex, Male or Female, { Cross out the word not required in this line. } male

Age, Years 6 Months, — Days.

Color, White *Sex,* —

Married, Single, Widow or Widower, { Cross out the words not required in this line. } —

Occupation, —

Birthplace, { State or country (and how long in the United States, if of foreign birth. } City

Duration of Residence in the City of Baltimore, —

Place of Death, { Give street and number. } 25 N. Eden.

Cause of Death, { First (Primary,) Hydrocephalus
Second (Immediate,) Convulsions

Duration of Last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, Lloyd St. Synagogue Hill Island

Date of Burial, Dec 24th 1895.

Abram Arnold M. D.
Medical Attendant.

Undertaker, Tom Eden

Place of Business, 101 Gough St. *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7131

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 23 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mary Kinmo

Sex, ~~*Male,*~~ *or Female,* { Cross out the word not required in this line. }

Age, 50 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

~~*Married, Single,*~~ *Widow or* ~~*Widower,*~~ { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 26 Years

Place of Death, { Give street and number. } 106 Market Space

Cause of Death, { First (Primary,) Pneumonia

Second (Immediate,) 5 days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Balt Cemetery

Date of Burial, Dec 25th

Undertaker, Jno H Weaver

Place of Business, Fayette St *Address* 15 E. Baltimore St

J. H. Houck M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5132

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 23 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Dec 23rd

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Annie Quirk

Sex, ~~Male~~ *or Female,* { Cross out the word not required in this line. }

Age, 5 3. *Years,* ——— *Months,* ——— *Days.*

Color, White *Sex,* Female

Married, ~~*Single, Widowed or Widower,*~~ { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Ireland

Duration of Residence in the City of Baltimore, 35 Years

Place of Death, { Give street and number. } 9 Webb St

Cause of Death, { First (Primary,) / Second (Immediate,) } Pneumonia

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, N. Cathedral Cem

Date of Burial, Dec 25th 1875 Richard Gatchell M. D.
Medical Attendant.

Undertaker, Jos F. Byrne *Address* 146 Hanover

Place of Business, N Liberty St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

physicians is respectfully invited to the remarks below, and to list of diseases on back.

Board of Health, City of Baltimore,

Permit No. 7133

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 23 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 23rd. 11 20 P.M. Dec 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Apolonia Meyer

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 58 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 44 years

Place of Death, {Give street and number.} 127 E. Monument St.

Cause of Death, First (Primary,) Cancer of the Liver

Second (Immediate,)

Duration of Last Sickness, Three Months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery.

Date of Burial, 26 Dec 1875

James E. Donville M. D.
Medical Attendant.

Undertaker, H. Hofmann

Place of Business, 63 N Eden St. *Address* 299 E. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7134

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 21 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 24th 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } H. Smink (Father)

Sex, Male or Female, { Cross out the word not required in this line. }

Age, *Years,* *Months,* 3 12 *Days.*

Color, *Sex,*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 106 N Eutaw St

Cause of Death, { First (Primary,) / Second (Immediate,) }

Duration of Last Sickness, Unknown

All the above Information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Dec 24th 1875

Undertaker, Thos J Hughes

Place of Business, 10 E Baltimore St Address

Chas. Wright M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 7135

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

DEC 23 1875 BALTIMORE.

Date of Death, Dec 23 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Anton Schmelzer

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 13 *Years,* 3 *Months,* *Days.*

Color, White

~~Married, Single~~, Widow or Widower, {~~Cross out the words~~ not required in this line.}

~~Occupation~~,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 396 S. Charles St

Cause of Death, {First (Primary,) Scarlatina} {Second (Immediate,) Sarcoma & Dropsy of pericardium

Duration of Last Sickness, 4 Weeks

All the above information should be furnished by the Physician

Place of Burial, St Alphonsus

Date of Burial, Dec 24th 1875

Undertaker, H. Hereth

Place of Business, Central Ave

S. Theilen *M. D.*
Medical Attendant.

Address 15 Wilkens St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 7136

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec. 23 75

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Chas Wm Purse

Sex, Male or Female, {Cross out the word not required in this line.} Male.

Age, 33 *Years,* " *Months,* " *Days.*

Color, White *Sex,* Male.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Blacksmith

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Worcester Co. Md

Duration of Residence in the City of Baltimore, Eight months

Place of Death, {Give street and number.} Washington University Hospital

Cause of Death, First (Primary,) Phthisis Pulmonalis.

Second (Immediate,) Inanition

Duration of Last Sickness, Five Years.

All the above information should be furnished by the Physician.

Place of Burial, Balt Cemetery

Date of Burial, Dec 24 1875

A. Lotterfs M. D.

Medical Attendant.

Undertaker, George C Rodeman

Place of Business, 38 Eason St

Address Washington University Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7137

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 23 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Dec 23rd /75

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Martin Kelley

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 70 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Bachelor

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 50 years

Place of Death, {Give street and number.} 134 Stanford Ave

Cause of Death, First (Primary,) General debility

Second (Immediate,)

Duration of Last Sickness, Had none

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, ~~Nov~~ Dec 25th 1875

Undertaker, Henry W. Hearb

Place of Business, 45 N Gay St

Jno. Bratie Boyle M. D.
Medical Attendant.

Address 171 E. Eager St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 7138

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Decr 23rd 1875-

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Solomon Savoy

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, about 80 *Years,* — *Months,* — *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widower

Occupation, Farmer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. Co. Md

Duration of Residence in the City of Baltimore, 7 Months

Place of Death, {Give street and number.} 23 Haw St.

Cause of Death, First (Primary,) Hemiplegia

Second (immediate,)

Duration of Last Sickness, 7 Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Dec. 25. 75

Undertaker, Samuel H. Wilson

Place of Business, 5 N Howard St

R. C. Lee M. D.
Coroner

Address Harrow & Barnes

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Cert. No. 7139

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 23rd 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Wesley Jones

Sex, Male ~~or Female~~ {Cross out the word not required in this line.}

Age, 1 *Years,* 9 *Months,* ——— *Days.*

Color, Colored

~~*Married*~~, *Single*, ~~*Widow or Widower*~~ {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 129 Chesnut alley

Cause of Death, {First (Primary,) Cold

{Second (Immediate,) Bronchitis Anasarca

Duration of Last Sickness, one year

All the above information should be furnished by the Physician

Place of Burial, Laurel Cemetery

Date of Burial, Dec 25th 1875

{*Undertaker,* John C. Jordan

{*Place of Business,* Park Ave

James A Steuart M. D:

Address Commiss of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Information by John Jones Father

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Cert No. 7140

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 23rd 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jonathan Colden

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 95 *Years,* ——— *Months,* ——— *Days.*

Color, Blk

~~Married, Single, Widow or~~ *Widower,* {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Prince Georges Co Md

Duration of Residence in the City of Baltimore, 20 Years

Place of Death, {Give street and number.} 10 Eutaw Court

Cause of Death, {First (Primary.) Old Age

Second (Immediate,) Gen Debility

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician

Place of Burial, Laurel Cemetery

Date of Burial, Dec 27th 1875

James F Stewart M. D.

~~Undertaker or Agent~~

Undertaker, Wm N. Duncee

Place of Business, East St

Address Commiss of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Information Minnie Colden daughter of deceased

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7141,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 31 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 22d 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ralph C. Mann

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 2 *Years,* 1 *Months,* ____ *Days.*

Color, White ~~Sex~~,

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto city

Duration of Residence in the City of Baltimore, lifetime

Place of Death, {Give street and number.} 25 h S Charles St.

Cause of Death, {First (Primary,) / Second (Immediate,)} Scarlet Fever

Duration of Last Sickness, 48 hours

All the above information should be furnished by the Physician.

Place of Burial, Mount Clivel

Date of Burial, Dec 24 1875

Undertaker, Krantz & Dorn

Place of Business, 263 Light

H. B. Owings *M. D.*
Medical Attendant.

Address 166 W. Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Cert No. 7142

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 24 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 22nd 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Bean

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.} Female

Age, 78 *Years,* ____ *Months,* ____ *Days.*

Color, White

~~Married, Single~~, *Widow* ~~or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 60 years

Place of Death, {Give street and number.} 31 S. Castle Street

Cause of Death, {First (Primary.) Old Age / Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician

Place of Burial, Bolle Cemetery

Date of Burial, Dec 24th 1875

Undertaker, M. A Daigre

Place of Business 8 Broadway

Address Commiss of Health & Registrar

M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Information by M. A Daigre Undertaker

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Certificate No. 7143

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Dec. 22nd 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Rose Randolph, (Randolph)

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 11 *Years,* 5 *Months,* 18 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 240 Madison Ave

Cause of Death, First (Primary,) Hypertrophy of the Heart

Second (Immediate,) Compression of the Lungs

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, Dec 24"

Undertaker, M A Gaigel

Place of Business, 94 N Bond

John F. Monmonier M. D.
Medical Attendant.

Address S. W. cor Calhoun & Pratt

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 7144

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 28 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, December 24th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Edna Gibson Wright

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 7 *Years,* 3 *Months,* 21 *Days.*

Color, White *Sex,* female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore County

Duration of Residence in the City of Baltimore, 7 y. 3 m.

Place of Death, {Give street and number.} 132 S Paca St Balt

Cause of Death, First (Primary,) Diphtheria

Second (Immediate,) do

Duration of Last Sickness, Seven days

All the above information should be furnished by the Physician.

Place of Burial, London Park Cemetery

Date of Burial, Dec. 25th 1875

W. H. Hammond M. D.
Medical Attendant.

Undertaker, J. A. Packer

Place of Business, 150 Camden St *Address* 53 N Paca St Balt

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

...mit No. 7145

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 27 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Dec 24. 75

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary E Hays

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 3 *Years,* 4 *Months,* 1 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 44 Gough St

Cause of Death, First (Primary,) Membranous Croup

Second (Immediate,) Apnea

Duration of Last Sickness, 28 Hours

All the above information should be furnished by the Physician.

Place of Burial, Philadelphia. D. Webster Cathell M. D.

Date of Burial, Dec 25th 75 Medical Attendant.

Undertaker, Thos L Hughes *Address* 14 & 16 Exeter St.

Place of Business, 60 E Balto

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of Illegitimate children.

[OVER.

(Transit 299)

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 7146

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 24th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Hamilton C Kreamer

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* 6 *Months,* —— *Days.*

Color, *Sex,*

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, ——

Birthplace, {State or country (and how long in the United States, if of foreign birth.} B City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} Scott St. No Number.

Cause of Death, {First (Primary,) Inflammation of Brain

Second (Immediate,)

Duration of Last Sickness, 16 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Dec 26th 1875

{*Undertaker,* John L Moreton

Place of Business, No 150 Cumberland

I H Emery M. D.
Medical Attendant.

Address 76 E Pratt St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7147

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 24 - 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Nicholas Redmond

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Years, Zero Months, Days.

Color, Dark. *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Many Life

Place of Death, {Give street and number.} 56 Campbell Alley

Cause of Death, {First (Primary,) Dysphagia Runmonia
Second (Immediate,) Two Weeks

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Loudel Cemetery J. L. Rodier M. D.
Medical Attendant.

Date of Burial, Dec 25th 1875

Undertaker, Wm James Gray *Address* 89 Mulberry St

Place of Business, 65 Mulberry St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT DEC 1875 BALTIMORE

Cert No. 7148

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec. 23rd. 75

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Nicholas Reubenstein

Sex, Male or Female, {Cross out the word not required in this line.} Male.

Age, 7 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 113 S. Dungan alley

Cause of Death, First (Primary,) Crushed under a Car Wheel

Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St. Johns

Date of Burial, Dec. 25 th

Undertaker, H. Dilfeel

Place of Business, S. Bond

Edward Mccay *M. D.*
Medical Attendant.

Address 142 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

No. 7149

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physicinn who nttended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 3 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 24th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} H. A. Bare

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 3 *Years,* 6 *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Farmers Son

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 3 yrs 6 mos

Place of Death, {Give street and number.} 36 N. Shirley

Cause of Death, First (Primary,) Lung Pneumonia

Second (Immediate,)

Duration of Last Sickness, 7 days.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Co

Date of Burial, Dec 26th 1875

Undertaker, Chas T Scriven

Place of Business, 271 N Eutaw St

C. H. Reed M. D.
Medical Attendant.

Address Cor Eutaw & Fayette

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physicinn who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 7150

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 24th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Josepha Lisakka

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 14 *Years,* 9 *Months,* *Days.*

Color, White *Sex,*

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Bohemia

Duration of Residence in the City of Baltimore, Two years.

Place of Death, {Give street and number.} 149 Abbott St.

Cause of Death, {First (Primary,) Typhoid fever.
Second (Immediate,)

Duration of Last Sickness, Four Days.

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cem A. F. Erich M. D.

Date of Burial, Decemb 25 1875 Medical Attendant.

{*Undertaker,* Henry Hoch
Place of Business, 504 Central Ave *Address* 94 S. Broadway.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Certificate No. 7151

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 24th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jas Gilles Ward

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 4 *Years,* 10 *Months,* —— *Days.*

Color, ~~Sex,~~ White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ——

Occupation, ——

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 387 Hanover St.

Cause of Death, First (Primary,) Scarlet Fever

Second (Immediate,)

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Dec. 26th 1875

Undertaker, Charles F. Harris

Place of Business, 161 Hanover St.

R. C. Lee M. D.
Medical Attendant.

N. W. cor
Address Hanover & Barre Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7152

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 6 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 24th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Christine Swartz

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, ____ *Years,* ____ *Months,* 6 weeks *Days.*

Color, White *Sex,* female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, none

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt Md

Duration of Residence in the City of Baltimore, always

Place of Death, {Give street and number.} 16 E. Fayette St

Cause of Death, First (Primary,) Morbus Cerebrum

Second (Immediate,) imperfect action of heart

Duration of Last Sickness, from birth

All the above information should be furnished by the Physician.

Place of Burial, [redacted]

Date of Burial, Dec. 26 1875

John Hoover, *M. D.*
Medical Attendant.

Undertaker, C. Kossing

Place of Business, No. Fayette St *Address* N.W. Cor Broadway & Balt

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Cert. No. 7153

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 26th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jno. G. Murphy

Sex, Male or ~~Female,~~ {Cross out the word not required in this line.} Male

Age, Years, One 01 Months. Days.

Color, White *Sex,* Infant

Married, Single, ~~Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 60. Parkin St

Cause of Death, First (Primary,) Scrofula

Second (Immediate,) Erysipelas of left foot & leg

Duration of Last Sickness, 13 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Dec 28th 1875

Jno. D Blake M. D.
Medical Attendant.

Undertaker, Yost Loane

Place of Business, 568 W. Balto St.

Address 140. Scott St City

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 9154

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 25th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Oliver Dutwood

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 17 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland (St Mary's Co)

Duration of Residence in the City of Baltimore, Six months

Place of Death, {Give street and number.} St Agnes Hospital

Cause of Death, First (Primary,) Abscess & Necrosis of upper Jaw

Second (Immediate,) Gangrene

Duration of Last Sickness, Six months

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, Dec 26th 1875

Edwd F. Mulholland M. D.
Medical Attendant.

Undertaker, Joseph F Payne

Place of Business, 59 S Liberty *Address* 279 W. Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Cert No. 7155.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT DEC 25 1875 BALTIMORE

Date of Death, Dec 25th 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Caroline Mena Miller

Sex, ~~Male~~ *or Female,* { Cross out the word not required in this line. }

Age, ____ *Years,* 2 *Months,* ____ *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, ____

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Cabertow Road & Frederick Ave

Duration of Residence in the City of Baltimore, ____

Place of Death, { Give street and number. } " " " " "

Cause of Death, { First (Primary,) Unknown / Found dead by neighbors
Second (Immediate.) Supposed / to have died from Spasm

Duration of Last Sickness, Suddenly

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery Geo. H. Dart M. D.

Date of Burial, Dec. 26 Medical Attendant.

Undertaker, John P. Paulus

Place of Business, Frederick Ave. 66 *Address* 91 Frederick Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore.

Permit No. 7156

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 16 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 12th Month 25th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Rebecca Dodd.

Sex, Male or Female, {Cross out the word not required in this line.} female.

Age, 72 *Years,* *Months,* *Days.*

Color, White *Sex,* female.

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married.

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland.

Duration of Residence in the City of Baltimore, 55 years

Place of Death, {Give street and number.} N° 315 Mulberry St.

Cause of Death, First (Primary,) Ascitis

Second (Immediate,)

Duration of Last Sickness, 3 Months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, 27 inst

Undertaker, Jacob Weaver

Place of Business, *Address* 17 Lexington St

Wm Riley *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Physicians is respectfully invited to the remarks below, and to [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7157

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

DEC 25 1875

Date of Death, December 24th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ferdinand Weber

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 47 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Cigar Maker

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 25 years

Place of Death, {Give street and number.} 360 N. Washington St

Cause of Death, {First (Primary,) Phisis Pulmonalis

Second (Immediate,)

Duration of Last Sickness, Six Months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, Dec 26/75

Undertaker, C. L. Ruing

Place of Business, 136 E. Fayette

Chas. Morris M. D.
Medical Attendant.

Address 5 Franklin St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...of Physicians is respectfully invited to the remarks below, and to those on the ...

Board of Health, City of Baltimore,

Permit No. 9158.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 28 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 24th December 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie Mary Fitzsimmons

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, *Years,* 3 *Months,* 9 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Harford Road

Duration of Residence in the City of Baltimore, 3 mos 9 days

Place of Death, {Give street and number.} Harford Road

Cause of Death, First (Primary,) Pneumonia

Second (Immediate,) Exhaustion

Duration of Last Sickness, 1 week 6 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, Dec 26. 1875

Undertaker, Undertaking

Place of Business, 131 E. Eager St.

E. [illegible] Wales M. D.

Medical Attendant.

Address [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 7157.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 25 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, d 25th December 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Viola Catharine Gruenwald

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, one *Years,* two *Months,* — — *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, —

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, since the birth

Place of Death, { Give street and number. } Filbert Street N. 60 Baltimore

Cause of Death, { First (Primary,) Croup
Second (Immediate,)

Duration of Last Sickness, two Days.

All the above information should be furnished by the Physician.

Place of Burial, Fifth German Reform Cemetery

Date of Burial, 26. December 1875

Undertaker, H. Bukern

Place of Business, 36. Thames St. *Address*

Ernst Haenel M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7160

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 25 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 24th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie Sloan.

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 7 *Years,* *Months,* *Days.*

Color, Color *Sex,* Single

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Eastern Md.

Duration of Residence in the City of Baltimore, 6 Years

Place of Death, {Give street and number.} 41 Shuter

Cause of Death, {First (Primary,) Diptheria / Second (Immediate.)}

Duration of Last Sickness, 2 days.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Dec 26th 1875

Undertaker, Wm. Ch. Dunn

Place of Business, 110 East st. *Address*

Sol. R. P. Yeaton. M. D.
Medical Attendant.
347 Aisquith st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

E T Y ▲ F I L M

ATION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this C...

Board of Health, City of Baltimore,

Permit No. 7161.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 24th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jeremiah Langford

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 17 *Months,* ... *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 12 Hunt alley

Cause of Death, {First (Primary,) ... Second (Immediate,) Scarlet Fever.

Duration of Last Sickness, 24 hours

All the above information should be furnished by the Physician

Place of Burial, Laurel Cemetery

Date of Burial, Dec 26th 1875

Undertaker, Wm A. Cruse

Place of Business, 20 & 22 East St

Geo C Ogle Comm'r M. D.
Medical Attendant.

Address 229 Cary St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

D A K S A F E

Board of Health, City of Baltimore,

Permit No. 7162

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT DEC 25 1875 BALTIMORE.

Date of Death, December 25th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Joseph S. Simms

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ____ *Years,* 5 *Months,* ____ *Days.*

Color, Black *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore city

Duration of Residence in the City of Baltimore, 5 months

Place of Death, {Give street and number.} 191 Chestnut al

Cause of Death, First (Primary,) Peritonitis

Second (Immediate,) "

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Dec 26 - 75

Undertaker, U. W. Chase

Place of Business, 198 S. Howard st

W. B. Griffith M. D.

Medical Attendant.

Address 117 Madison st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 7163.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 21st 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant nnt named, give names of parents.} Charles Douglas

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ~~———~~ *Years,* 6 *Months,* ~~———~~ *Days.*

Color, African

~~Married, Single, Widow or Widower~~, {Cross out the words not required in this line.}

~~Occupation~~, ~~———~~

Birthplace, {State or country (and how long in the United States, if of foreign birth} Dover, Del

Duration of Residence in the City of Baltimore, 2 months

Place of Death, {Give street and number.} 106 Hamilton st

Cause of Death, {First (Primary,) Tuberculus Meningetis

{Second (Immediate,)

Duration of Last Sickness, 6 days.

All the above information should be furnished by the Physician

Place of Burial, Samuel Lemon's

Date of Burial, Dec 26th 1876

Undertaker, [illegible]

Place of Business, [illegible] *Address* 116 Hanover st Alley

M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11614

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 26 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 25th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mrs J. Collins

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 4 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 27 Eutaw St

Cause of Death, {First (Primary,) Bright disease Kidneys

Second (Immediate,) about 3 days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral Cemetery

Date of Burial, Dec 26th 1876

Undertaker, James D Byrne

Place of Business, No 63 N Front St

R. W. Williams M. D.

Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...ention of Physicians is respectfully invited to the remarks below, and to list of diseases at back of this.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7165.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 26 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 25th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James Halloran

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, 75 *Years,* *Months,* *Days.*

Color, White *Sex,* Married

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 25 Years

Place of Death, {Give street and number.} 25 Armistead

Cause of Death, First (Primary,) Old age

Second (Immediate,) Paralysis

Duration of Last Sickness, Five Days

All the above information should be furnished by the Physician.

Place of Burial, St Vincents Cemetery

Date of Burial, Dec 26th 1875

Undertaker, James P. Byrne

Place of Business, No 63 W Mont St

Thos. S. Latimer M. D.
Medical Attendant.

Address 248 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7166.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 25 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John F. Jacobs.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 2 hours *Days.*

Color, White *Male*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number.} 114 Clements St

Cause of Death, {First (Primary,) unknown

Second (Immediate,)

Duration of Last Sickness, 2 hours

All the above information should be furnished by the Physician

Place of Burial, Mt. Olivet

Date of Burial, Dec. 26. 1875

Undertaker, Armstrong & Lemmon

Place of Business, Light & Lombard Sts.

James A Steuart M. D.
Medical Attendant.

Address Board of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information from Authorities

[OVER.]

Board of Health, City of Baltimore,

Permit No. 7167

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 26 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 24th 75

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sophia Evans

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 50 ? *Years,* *Months,* *Days.*

Color, Colored *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Servant

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Unknown

Place of Death, {Give street and number.} 72 Chesnut St-

Cause of Death, First (Primary,) Intemperance

Second (Immediate,)

Duration of Last Sickness, Six months

All the above information should be furnished by the Physician.

Place of Burial, Eastpotters field

Date of Burial, Dec 26 1875

Undertaker, Wm Dunran

Place of Business, 6 Brooks

Edward Wallace M. D.
Medical Attendant.
Corner N. F. [illegible]
Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 7168.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 24th, 75

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Thomas Paid

Sex, Male or Female, {Cross out the word not required in this line.} ~~Female~~

Age, 20 *Years,* " *Months,* " *Days.*

Color, White *Sex,* Male.

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Laborer. (Driving).

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Richmond Va.

Duration of Residence in the City of Baltimore, Two Years

Place of Death, {Give street and number.} Washington University Hospital

Cause of Death, First (Primary,) Inanition

Second (Immediate,) Typhoid Fever

Duration of Last Sickness, Ten days.

All the above information should be furnished by the Physician.

Place of Burial, Eastern Ave

Date of Burial, Dec 26 1875

J. L. Boyle M. D.
Medical Attendant.

Undertaker, Wm Donovan

Place of Business, 6 Bank St *Address* Washington University Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7169

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 24th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Caroline Grauling

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 10 *Days.*

Color, white

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 230 Bethel St

Cause of Death, {First (Primary,) / Second (Immediate,)} Convulsions

Duration of Last Sickness, one day

All the above information should be furnished by the Physician

Place of Burial, Trinity Cemetery

Date of Burial, Dec 27 1875

Undertaker, Wendel D. Schell

Place of Business, S. Bond St.

James S. Steuart M. D.

Address Commiss of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Information by Wendel D. Schell Undertaker

e Special Attention of Physicians is respectfully invited to the ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7170

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEPARTMENT OF HEALTH DEC 27 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 24th December 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Solomon Strauss

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, 46 *Years,* — *Months,* — *Days.*

Color, White *Sex,* Male

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.} Married

Occupation, Merchant

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Wurtburg Germany

Duration of Residence in the City of Baltimore, 13 Years

Place of Death, {Give street and number.} No 64½ W. Baltimore St.

Cause of Death, {First (Primary,) Softening of the Brain
~~Second (Immediate.)~~ } 2 Years

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Lloyd St Cemetery.

Date of Burial, 27th December

Undertaker, Joseph Cook *Address* 148 Mulberry St.

Place of Business, 707 West Baltimore St.

Felix Jenkins M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

SPECIAL ATTENTION OF PHYSICIANS IS RESPECTFULLY INVITED TO THE REQUIRED MEDICAL

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7171

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 21 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death,

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.}

Sex, Male or Female, {Cross out the word not required in this line.}

Age, *Years,* *Months,* *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the words not required in this line}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth}

Duration of Residence in the City of Baltimore.

Place of Death, {Give street and number.}

Cause of Death, {First (Primary,) / Second (Immediate,)}

Duration of Last Sickness,

All the above information should be furnished by the Physician

Place of Burial,

Date of Burial,

Undertaker,

Place of Business, *Address*

M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7172

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 27 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 21st

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Anna Barbara Siebrecht

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 21 *Years,* 6 *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, twenty one years 21 Months

Place of Death, {Give street and number.} 2019 N. Chester

Cause of Death, First (Primary,) Supposed to be Puerperal Peritonitis only

Second (Immediate.) Died a few moments after death

Duration of Last Sickness, about three Days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Dec 23. 1875

Wm R Montgomery *M. D.*
Medical Attendant.

Undertaker, Ch Ensey

Place of Business, 136 E. Fayette Street *Address* 136 E Fayette st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7173

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 25th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Anna Manning

Sex, ~~Male~~ *Female,* {Cross out the word not required in this line.} Female

Age, ~ 25 ~ *Years,* ~ 2 ~ *Months,* ~ 14 ~ *Days.*

Color, White

Married, ~~Single, Widow, Widower~~, {Cross out the words not required in this line.} Married

~~Occupation~~,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Hanover

Duration of Residence in the City of Baltimore, ~ 20 years ~

Place of Death, {Give street and number.} South West Cor. Wolfe & Alicanna Sts

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate,)

Duration of Last Sickness, ~ Six Months ~

All the above information should be furnished by the Physician

Place of Burial, Greenlig Cemetery

Date of Burial, 27 September

Undertaker, Jno C. Schuh

Place of Business, 65 Hanover st

Thomas D. Evans. M. D.
Medical Attendant.

Address No 18 Jackson Square

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7174

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 27 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 28th December 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Joseph Luter,

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 40 *Years,* — *Months,* — *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Real Estate Agent

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 374 Granby St

Cause of Death, First (Primary,) ~~Phthisis~~

Second (Immediate,) Phthisis Pulmonalis,

Duration of Last Sickness, 4 Months

All the above information should be furnished by the Physician.

Place of Burial, Louden Park Cem

Date of Burial, Dec 29th 1875

Undertaker, Hughes & Co

Place of Business, No 330 Fayette St

C. B. Jones M. D.

Medical Attendant.

Address 530 W. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7175.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 26th 1895

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James L. Smith

~~Sex~~, *Male* ~~or Female~~ {Cross out the word not required in this line.} Male

Age, 39 *Years,* ——— *Months,* ——— *Days.*

Color, White *Sex,*

Married, ~~Single, Widow or Widower~~ {Cross out the words not required in this line.} Married

Occupation, Bricklayer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 109 Bank St.

Cause of Death, {First (Primary,) Pulmonary Phthisis
Second (Immediate,)

Duration of Last Sickness, Two years

All the above information should be furnished by the Physician.

Place of Burial, Methodist Grund Pk Road

Date of Burial, Decem 28th 1895 John S. Lynch M. D.
Medical Attendant.

Undertaker, Hughes & Co

Place of Business, 65 S Broadway *Address* 194 E. Pratt St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY DIRECTED to the [illegible]

Board of Health, City of Baltimore,

Permit No. 7176

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT DEC 1875 BALTIMORE

Date of Death, December 25th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Virginia May Shurtell

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Two (2) Years, Seven (7) Months, Nine (9) Days.

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 260 E. Chew St.

Cause of Death, {First (Primary,) Scarlatina

{Second (Immediate,)

Duration of Last Sickness, One (1) Day

All the above information should be furnished by the Physician.

Place of Burial, Bath Cemetery

Date of Burial, Dec 27th 1875

Undertaker, Upton Bro.

Place of Business, S.W. cor Broadway & Fayette St

L. L. Wilkins M. D.
Medical Attendant.

Address 60 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7179.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 27 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 26th 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Patrick Martin Schay.

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 5 *Years,* 2 *Months,* ——— *Days.*

Color, White *Sex,* Male.

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ———

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, Eight months.

Place of Death, {Give street and number.} # 60 York St.

Cause of Death, {First (Primary,) Inflammation of the Lungs.
Second (Immediate,) Pneumonia

Duration of Last Sickness, Seven days.

All the above information should be furnished by the Physician.

Place of Burial, St. Peter's Cemetery

Date of Burial, Dec. 27, 1875

Wm. T. Bell, M. D.
Medical Attendant.

Undertaker, Armstrong & Denny, *Address* 161 S. Sharp St

Place of Business, 263 Light St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7178

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 26th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Amanda Scott

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, — *Years,* 3 *Months,* — *Days.*

Color, Blk

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 26 Stemmers alley

Cause of Death, {First (Primary,) Bronchitis Nephritis. Second (Immediate,) Dropsy

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, E. Potters Field

Date of Burial, Dec 27th 1875

Undertaker, W. Donovan

Place of Business, 148. S. Central Ave

M. D.

~~Medical Attendant.~~

Address Commiss of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Maria Scott (mother)

[OVER.]

The Sp[illegible] of Physicians is respectfully invited to the remarks below, and to [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7179

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 27 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 26th Dec. 1875.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Adelhaide Raff

Sex, ~~Male or~~ Female, { Cross out the word not required in this line. }

Age, 47 *Years,* — *Months,* — *Days.*

Color, White *Sex,* Female

Married, Single, ~~Widow or Widower~~, { Cross out the words not required in this line. }

Occupation, Servant girl

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Hesse Darmstadt (Germany)

Duration of Residence in the City of Baltimore, 15 Years

Place of Death, { Give street and number. } 428 Madison St

Cause of Death, { First (Primary,) Pneumonia

Second (Immediate,) Rheumatism acute

Duration of Last Sickness, 12 days

All the above information should be furnished by the Physician.

Place of Burial, Lutheran Cem

Date of Burial, Dec 28 1875

Undertaker, Geary & Leach

Place of Business, 389 Central Ave *Address*

R. Hohorst M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7180

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 27 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Dec. 26. th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Katie Wenzel

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 2 *Years,* *Months.* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore, since birth

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 22 Poultney St,

Cause of Death, { First (Primary,) Diphtheria
Second (Immediate,) 14 days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, F. Uphams Cem.

Date of Burial, Dec. 29 1875

{ *Undertaker,* Henry Leech
Place of Business, 359 Eutaw St.

L. H. Smith *M. D.*
Medical Attendant.

Address 108 S. Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Sp[illegible] of Physicians is respectfully invited to the remarks below, and to List of Diseases on back [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7181

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 27 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec. 26 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Lorenz Lieber

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, ——— *Years,* 8 *Months,* 23 *Days.*

Color, White *Sex,* .....

Married, Single, Widow or Widower, { Cross out the words not required in this line. } ———

Occupation, ———

Birthplace, { State or country (and how long in the United States, if of foreign birth. } city

Duration of Residence in the City of Baltimore, ...

Place of Death, { Give street and number. } 353 N Central Avenue

Cause of Death, { First (Primary,) Hydrocephalus

{ Second (Immediate,) .....

Duration of Last Sickness, 4 Weeks

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cem.

Date of Burial, Decemb 27 1875

Undertaker, Henry Mouth

Place of Business, 307 Central Ave *Address*

Abram B Arnold M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 71821

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 27 1915 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 26/15

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mary Raymond

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. } .....

Age, 87 *Years,* ..... *Months,* ..... *Days.*

Color, White *Sex,* Female

~~Married~~, ~~Single~~, Widow or ~~Widower~~, { Cross out the words not required in this line. }

~~Occupation~~, ...

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Ireland

Duration of Residence in the City of Baltimore, 28 years

Place of Death, { Give street and number. } 250 S. Paca St.

Cause of Death, { First (Primary,) Old Age
Second (Immediate,) Paralysis of Brain
One week

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Cemetery

Date of Burial, Dec 28/1915

M. D.
Medical Attendant.

Undertaker, John S. Mather

Place of Business, S. Paca St *Address* 579 W. Lombard St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7183,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
DEC 27 1875
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec. 26th 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Isabel Vogelgesang

Sex, ~~*Male or*~~ *Female,* { Cross out the word not required in this line. }

Age, *Years,* 1 *Months,* 8 *Days.*

Color, W *Sex,* F

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } 139 N Bond St Balto. city

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 139 N Bond St

Cause of Death, { First (Primary,) Hydrocephalus

Second (Immediate,)

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Dec. 28th 1875

{ *Undertaker,* Wm Fry

Place of Business, 54 N. Broadway

J. Ridgway Andre M. D.
Medical Attendant.

Address, 121 E Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The ... Physicians is respectfully invited to the ... [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7184

The Physician who attended any person in a last Illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 27 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 26th 75

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents } Mary a Brown

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 2 *Years,* 2 *Months,* ——— *Days.*

Color, Colored *Sex,* Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Married

Occupation, None

Birthplace, { State or country (and how long in the United States, if of foreign birth. } 224 Marion st Balt

Duration of Residence in the City of Baltimore, all her life

Place of Death, { Give street and number. } 184 Pearl st

Cause of Death, { First (Primary,) Phthisis
Second (Immediate,) 3 hr. Minutes

Duration of Last Sickness, 3 hr. Minutes

All the above information should be furnished by the Physician.

Jos. E. Angell M. D.
Medical Attendant.

Place of Burial, Laurel Cemetery

Date of Burial, Dec 28th/75

{ *Undertaker,* Wm Simms Gray
{ *Place of Business,* 65 Mulberry st *Address* 18 S. Eutaw st Balto Md

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7185

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 27 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 25, 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henry S Dorsey

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 16 *Years,* *Months,* *Days.*

Color, Light brown *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Waiter

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Monmarket Maryland

Duration of Residence in the City of Baltimore, Eight months.

Place of Death, {Give street and number.} 36 Little Monument St.

Cause of Death, First (Primary,) Phthisis

Second (Immediate,) Hemorhage and Phthisis

Duration of Last Sickness, two weeks.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Cemetery H. P. Morgan M. D.

Date of Burial, Dec 29 1875 Medical Attendant.

Undertaker, Wm C Lordon *Address* 175 Saratoga St.

Place of Business, 263 Park St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7186

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 27 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 26 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Sarah Brown

Sex, ~~*Male or*~~ *Female,* { Cross out the word not required in this line. }

Age, 56 *Years,* — *Months,* — *Days.*

Color, W *Sex,* F

Married, ~~*Single,*~~ ~~*Widow or Widower,*~~ { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } N York City N York State

Duration of Residence in the City of Baltimore, 25 years

Place of Death, { Give street and number. } 91 S Caroline

Cause of Death, { First (Primary,) Second (Immediate,) } General Anasarca (Dropsy)

Duration of Last Sickness, Several months

All the above information should be furnished by the Physician.

Place of Burial, Western Cem.

Date of Burial, Dec. 27th

Undertaker, Wm J. Tickner

Place of Business, 65 S. Eutaw st

J Redgrave Bare M. D.
Medical Attendant.

No 131 E Baltimore St
Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The ... Physicians is respectfully invited to the ...

Board of Health, City of Baltimore,

Permit No. 7187 (

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 26th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Harriet Annie Hollis Rumbold

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ——— *Years,* sixteen *Months,* ——— *Days.*

Color, White *Sex,* Female

~~Married~~, *Single,* ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} England

Duration of Residence in the City of Baltimore, Abut 3 mos

Place of Death, {Give street and number.} 145 St Pauls St

Cause of Death, {First (Primary,) Tubercular Meningitis
Second (Immediate,) Paresis of Respiratory Tract

Duration of Last Sickness, 18 to 19 days

All the above information should be furnished by the Physician.

Place of Burial, Green Mt. Cemetery Rezin Beckler M. D.

Date of Burial, 28th Dec 1875 Medical Attendant.

Undertaker, Hy N. Deutmis Son

Place of Business, 16 Light St Address 135 N Charles St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Cert... setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

The [illegible] of Physicians is respectfully invited to the remarks below, and to [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7188

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 27 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 26. 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Catherine Amanda Whiteman

~~Sex, Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 28 *Years,* 6 *Months,* *Days.*

Color, White *Sex,*

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, House Keeping

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, all her life

Place of Death, {Give street and number.} 384. S. Light St

Cause of Death, First (Primary,) Phthisis.

Second (Immediate,) No

Duration of Last Sickness, Eighteen months

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, Dec 28th 1875

Ch. Casey Thruston M. D.
Medical Attendant.

Undertaker, Anthony & Denny

Place of Business, 263 Light *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK

Board of Health, City of Baltimore,

Permit No. 7189

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 27th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ida Leonora Suttle

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, — *Years,* 3 *Months,* 16 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth)} Baltimore

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number} 54. S. Fayette St

Cause of Death, {First (Primary,) Dipt. Bowels — Second (Immediate,) do Spasms —

Duration of Last Sickness, 1 week

All the above Information should be furnished by the Physician

Place of Burial, Green Mount Cemetery

Date of Burial, Dec 28th 1875

Undertaker, Henry H. Mears

Place of Business, 145 N Gay St *Address* 54 S. Fayette

H Q Bohme — M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children

[OVER.]

...Physicians is respectfully invited to the ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7190

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 27 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Dec 26th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ida May Schultz

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 5 *Years,* 8 *Months,* ——— *Days.*

Color, White *Sex,*

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} B. city

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number.} 192 Pearl St

Cause of Death, First (Primary,) Inflammation of Brain

Second (Immediate,) Acute - Hydrocephalus

Duration of Last Sickness, 2 Weeks

All the above information should be furnished by the Physician.

Place of Burial, St. Patricks Cemetary

Date of Burial, December 28th

Undertaker, Jas F. Byrnes

Place of Business, 69 N. Liberty St.

A Heuisler M. D.
Medical Attendant.

Address 76 Paca St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish ...in forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate ...g forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person ...ed, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7191,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 27 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Dec 27th 75

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lillie Patterson

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 2 3 *Years,* *Months,* *Days.*

Color, white *Sex,* Female

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany 22 years in U S

Duration of Residence in the City of Baltimore, 22 years

Place of Death, {Give street and number.} Washington University Hospital

Cause of Death, First (Primary,) Suicidal pistol shot

Second (Immediate,) Genital Peritonitis

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, 29 December

Undertaker, Andrew Finell

Place of Business, 206 Columbia St *Address*

Edmund R Walker *M. D.*
Medical Attendant.

Coroner M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7192

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 27 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Dec 27th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Vagt

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 39 *Years,* 8 *Months,* ——— *Days.*

Color, White *Sex,* Female

Married, ~~Single, Widow or Widower;~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 24 Years

Place of Death, {Give street and number.} 138 Conway St

Cause of Death, {First (Primary,) Pneumonia Consumption
Second (Immediate,)

Duration of Last Sickness, 2 Years

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Dec 28th 1875

{*Undertaker,* H Weidenmeyer
Place of Business, Baltimore near Fremont *Address* 76 Stiles St

A Hewes M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7193.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 27 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Dec 21, 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Geo Harrison Coop

Sex, Male or Female, { Cross out the word not required in this line. }

Age, *Years,* 4 *Months,* *Days.*

Color, colored *Sex,* Male

Married, Single, Widow or Widower, { Cross out the words not required in this line }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Balt City

Duration of Residence in the City of Baltimore, all life

Place of Death, { Give street and number. } Killip Court near 24 Street

Cause of Death, { First, (Primary,) } Unknown by nature's portals
{ Second (Immediate,) } Convulsions (Visited by Coroner)

Duration of Last Sickness, Four days in bed

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Dec 24th 1875

Edmund Rinehart M. D.
Medical Attendant.

{ *Undertaker,* William H. Dungel
{ *Place of Business,* 110 & East St. *Address* Corner Pratt & Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The [illegible] Physicians is respectfully invited to the remarks below, and to List of diseases on [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7194

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 27 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, December 26th 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George Franklin

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ____ *Years,* Three *Months,* ____ *Days.*

Color, Colored *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ____

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Three months

Place of Death, {Give street and number.} No 21 Douglas St

Cause of Death, First (Primary,) Jaundice

Second (Immediate,) Inanition

Duration of Last Sickness, ____

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem[illegible]

Date of Burial, Dec. 28th 1875

Saml A Powell *M. D.*
Medical Attendant.

Undertaker, William A Lane

Place of Business, No 167 East St *Address* No 29 Aisquith St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The S... PHYSICIANS IS RESPECTFULLY INVITED TO THE REMARKS...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7195

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 27 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Dec 27th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Fannie Jackson (Mother)

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 2 of hours ~~Days~~

Color, Blk

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore. Life

Place of Death, {Give street and number.} In rear of No 2 Shew

Cause of Death, {First (Primary,) Second (Immediate,)} Asthenia

Duration of Last Sickness, ———

All the above information should be furnished by the Physician

Place of Burial, Laurel Cemetery

Date of Burial, Dec 27th 1875

{*Undertaker,* W. N. Dungee / *Place of Business,* East St}

James A Steuart M. D.
~~Medical Examiner~~

Address Commiss of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Information by Wm N. Dungee Undertaker

FILM

Th[illegible] Physicians is respectfully invited to the [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7196

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ~~accurately~~ *filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 27. 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } H. Diedrich Zimmerman

Sex, Male or Female, { Cross out the word not required in this line. } Male.

Age, 58 *Years,* 10 *Months,* 21 *Days.*

Color, white *Sex,* Male.

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Married

Occupation, Workman

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Germania

Duration of Residence in the City of Baltimore, 32 Years

Place of Death, { Give street and number. } 383. Canton Avenue / Baltimore

Cause of Death, { First (Primary,) Cholelithiasis
Second (Immediate,) " }

Duration of Last Sickness, 21 Days.

All the above information should be furnished by the Physician.

Place of Burial, Trinity Cemetery

Date of Burial, Dec 29th 1875

Undertaker, Geo Koelbel

Place of Business, 339 Canton Av

Dr. J. Scharen M. D.
Medical Attendant.

Address 432 East Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

S A F E T Y

The Sp... Physicians is respectfully invited to the remarks below, and to List of Diseases on ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7197

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 28 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 26/75

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Anna Good

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 5 Years, 8 Months, Days.

Color, White *Sex,* Female

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Housekeeper (Housekeeper)

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Bavaria Germany

Duration of Residence in the City of Baltimore, 16 years

Place of Death, {Give street and number.} 164 Aisquith St.

Cause of Death, First (Primary,) Heart Disease

Second (Immediate.) Exhaustion

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, Oct 29/75

Undertaker, P. Kimmel

Place of Business, 317 Mulberry St

H. L. Spear M. D.
Medical Attendant.

Address 579 N. Eutaw St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

KODAK

The [illegible] of Physicians is respectfully invited to the remarks below, and to list of diseases on [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7198

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 28 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 27th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Eliza Miller

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Forty Six *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.} Married

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} England

Duration of Residence in the City of Baltimore, Six Years

Place of Death, {Give street and number.} 63 Myrtle Ave

Cause of Death, First (Primary,) Phthisis Tuberculosis

Second (Immediate,) Pneumonia

Duration of Last Sickness, Eight Days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Dec 29th

D. C. Korn M. D.
Medical Attendant.

Undertaker, P. Kummel

Place of Business, 311 Mulberry St *Address* 226 Mulberry St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7199

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 28 1975 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 27th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wm Henry Bowins

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ——— *Years,* 5 *Months,* 21 *Days.*

Color, Black *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 5 months 21 days

Place of Death, {Give street and number.} # 7. N. Parish Ch

Cause of Death, First (Primary,) Pneumonia (Bi-lateral)

Second (Immediate.)

Duration of Last Sickness, 9 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel County

Date of Burial, Dec 28 1875

Geo. H. Dyer M. D.

Medical Attendant.

Undertaker, [illegible]

Place of Business, No 63 Park St. *Address* #1 Waverley Terrace

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The ... of Physicians is respectfully invited to the remarks below, and to ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7200

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 26th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Joseph Edward Gray

Sex, Male or Female, {Cross out the word not required in this line.} .....

Age, Years, 2 Months, 9 Days,

Color, Mulatto Sex, Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 154 Raburn street

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number.} 31 King street

Cause of Death, {First (Primary,) Abscess

{Second (Immediate,) 6 Weeks

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Dec 28th 1875

{*Undertaker,* John C Gordon, *Address* 143 Mulberry st

{*Place of Business* 96 & Park Ave.

H H Burtis M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST OF DISEASES.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7207

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 28 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 27th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Karl & Hester Hoornstein (Parents)

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ~~Years,~~ ~~Months,~~ 5 Minutes ~~Days.~~

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 28 Harrison St

Cause of Death, {First (Primary,) / Second (Immediate,)} Asthenia

Duration of Last Sickness,

All the above information should be furnished by the Physician

Place of Burial, Hebrew Cemetery

Date of Burial, Dec 28th 1875

{*Undertaker,* Parents / *Place of Business,*}

Faust Klemz M. D.
~~Medical Attendant.~~

Address Commiss of Health
Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Mrs Sarah Casson Midwife

[OVER.]

The Spe... Physicians is respectfully invited to the remarks below, and to List of Diseases of...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7202

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 28 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 27th 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents } Ann Mc Fadden

Sex, ~~Male~~ *Female,* { Cross out the word not required in this line. }

Age, 61 *Years,* 2 *Months,* *Days.*

Color, White *Sex,*

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ { Cross out the words not required in this line. }

Occupation, ✓

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Ireland

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and number. } 43 Mulberry St

Cause of Death, { First (Primary,) Intestinal obstruction / Second (Immediate.) Acute Peritonitis

Duration of Last Sickness, 24 hours

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral Cemetery

Date of Burial, 29th Dec 1875

{ *Undertaker,* Hyde Jenkins & Son / *Place of Business,* 16 Light St } *Address*

Chas A Bowers M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7203.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 28 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 26th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named give names of parents.} Alexander Warren

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 71. *Years,* 10 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Carpenter

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Many years

Place of Death, {Give street and number.} Broadway & Locust point Ferry Wharf

Cause of Death, {First (Primary.) Accident

{Second (Immediate,) Drowned

Duration of Last Sickness, Sudden

All the above information should be furnished by the Physician

Place of Burial, Balt County

Date of Burial, Dec 29 1875

{*Undertaker,* Wm Fry

{*Place of Business,* 54 N Broadway

R. C. Lee M. D.
~~Medical Attendant.~~
Coroner

Address Hanover & Balto. Sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7201.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 28 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 28. 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Todd

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, Seventy two *Years,* Six *Months,* *Days.*

Color, White *Sex,* Female

~~Married, Single,~~ *Widow* ~~or Widower,~~ {Cross out the words not required in this line.} Widow

Occupation, Head of family

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Carroll Co Md

Duration of Residence in the City of Baltimore, About 5 years

Place of Death, {Give street and number.} 149 Herman St

Cause of Death, First (Primary,) Cerebral Congestion

Second (Immediate,) Serous effusion

Duration of Last Sickness, Ten days

All the above information should be furnished by the Physician.

Place of Burial, Pregers Town Frederick Co

Date of Burial, Dec 29th

Wm H Kemp M. D.
Medical Attendant.

Undertaker, John H. Weaver

Place of Business, Fayette St Address 55 Myrtle St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

(Transit 302)

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7205

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 26 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 27th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Johann Christian Rudolph Thienemann

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* 3 *Months,* 22 *Days.*

Color, white *Sex,* male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 416 N Gay street

Cause of Death, First (Primary,) Scarlatina anginosa

Second (Immediate,) Asthenia

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, Bell County *Chas. J. Kluber* *M. D.*

Date of Burial, 27th Dec 1875 Medical Attendant.

Undertaker, Henry Hoeck

Place of Business, Central Ave *Address* 222 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Spec... Physicians is respectfully invited to the remarks below. and to List of Diseases on ...

Board of Health, City of Baltimore,

Permit No. 7206

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 28 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 26th 1875.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Susan C. Martinez.

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, Forty three *Years,* *Months,* *Days.*

Color, White. *Sex,* Female.

Married, Single, ~~Widow~~ or Widower, { Cross out the words not required in this line. }

Occupation, Cook

Birthplace, { State or country (and how long in the United States, if of foreign birth. } New Jersey

Duration of Residence in the City of Baltimore, Forty two Years

Place of Death, { Give street and number. } 146 23 Hanover St.

Cause of Death, { First (Primary.) { Second (Immediate.) Dropsy?

Duration of Last Sickness, One Month

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Decem. 28th 1875

Nicholas L. Duke, M. D.
Medical Attendant.

{ *Undertaker,* Matthias A. Dairys
{ *Place of Business,* 90 S. Broadway. *Address* 90 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK OF [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7207

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

DEC 28 1875 BALTIMORE

Date of Death, Dec 27th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Peter Murphy

Sex, Male ~~or Female~~; {Cross out the word not required in this line.}

Age, 60 *Years,* — *Months,* — *Days.*

Color, white

Married, ~~Single, Widow or Widower~~. {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 24 yrs ~~Entire Life~~

Place of Death, {Give street and number.} 63 Cooley St

Cause of Death, {First (Primary,) / Second (immediate,)} Consumption

Duration of Last Sickness, —

All the above Information should be furnished by the Physician

Place of Burial, Holy Cross

Date of Burial, Dec 28th 1875

Undertaker, M. A Daigen

Place of Business, S. Broadway

James A Steuart M. D.
~~Medical Examiner~~

Address Commiss of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children

[OVER.]

Information by M. A. Daigen Undertaker

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on Back of ... Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7208

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ~~accurately~~ *filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 28 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ed. A. McShane (Parents Catherine & Pc. Shane

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, Years, 1 Hour ~~Months~~, [redacted] Days.

Color, White *Sex,* Male

~~Married~~, ~~Single~~, Widow or Widower, {Cross out the words not required in this line.}

~~Occupation~~,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt. Md

Duration of ~~Residence in the City~~ of Baltimore,

Place of Death, {Give street and number.} 209 Lemmon St.

Cause of Death, First (Primary,) This child died from Tedious

Second (Immediate,) Labor

~~Duration of Last Sickness~~,

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cem.

Date of Burial, Sept 29/75

Undertaker, Jos. A. Byrne

Place of Business, 559 (or Liberty)

T. L. Steiner M. D.
Medical Attendant.

Address 579 W. Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7209

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec. 28. 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Peter

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, *Years,* ~~5~~ ~~Months,~~ ~~Weeks,~~ 14 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State of country (and how long in the United States, if of foreign birth.} Illegitimate

Duration of Residence in the City of Baltimore. 2 weeks

Place of Death, {Give street and number.} St. Vincents Infant Asylum

Cause of Death, {First (Primary.) Congenital Syphilis
Second (Immediate,) Convulsions

Duration of Last Sickness, 3 hours

All the above information should be furnished by the Physician

Place of Burial, Cathedral Cemetery

Date of Burial, Dec. 29. 1875

Undertaker, Sisters

Place of Business,

Mahony Brewer *M. D.*
Medical Attendant.

Address 201 W. Biddle St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7210

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec. 27. 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Barbara

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Years, 6 ~~Months~~, weeks Days.

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Foundling

Duration of Residence in the City of Baltimore, 5 weeks

Place of Death, {Give street and number.} St Vincents Infant Asylum

Cause of Death, First (Primary,) atrophy

Second (Immediate,) Asthenophloid Convulsions

Duration of Last Sickness, 24 hours

All the above information should be furnished by the Physician

Place of Burial Cathedral Cemetery

Date of Burial, 29 Dec. 1875

Undertaker, Sisters of

Place of Business, Institution

Maxbury Brewer M. D.
Medical Attendant.

Address 201 W. Biddle St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 7211

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 28th 1895.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } William Kelch

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, ——— *Years,* Seven (7) *Months,* Four (4) *Days.*

Color, White *Sex,* Male.

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, ———

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } 96 Lancaster Street

Cause of Death, { First (Primary,) Pleuritis & Exudation
Second (Immediate,) Asphyxia

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Fleet St. Church Cemetery

Date of Burial, December 29th

{ *Undertaker,* M. France
{ *Place of Business,* 280 Canton Ave *Address* 99 South Sharp St

W. Kelch M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7212

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 28 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 26th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary C. Wilson

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 18 years *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt. Co. Md.

Duration of Residence in the City of Baltimore, 5 or 6 years

Place of Death, {Give street and number.} 386 Ann St.

Cause of Death, First (Primary,) Tuberculosis

Second (Immediate,) Miscarriage.

Duration of Last Sickness, About 5 weeks.

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemt Wm. Whitridge M. D.

Medical Attendant.

Date of Burial, Dec 28 - 1875

Undertaker, John I Rodenmaier *Address*

Place of Business, N E Cor Fremont & Monument St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on Back.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7213,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 28 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 27th, 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Tina Smith.

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 2 *Years,* 6 *Months,* 17. *Days.*

Color, Wh— *Sex,* Fem.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. City.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 84 Johnson St.

Cause of Death, First (Primary,) Meningitis

Second (Immediate,)

Duration of Last Sickness, 11 days.

All the above information should be furnished by the Physician.

Place of Burial, St. Peters

Date of Burial, Dec 29th 1875

R. L. H. Tull M. D.
Medical Attendant.

Undertaker, E. H. Kaase

Place of Business, 209 Hanover St

Address 158 S. Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

Permit No. 7214

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 28 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Brawders

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 70 *Years,* ——— *Months,* ——— *Days.*

Color, white

Married, ~~Single, Widow or Widower~~ {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth} Ireland 24 years

Duration of Residence in the City of Baltimore, 24 years

Place of Death, {Give street and number} 532 W. Pratt St

Cause of Death, {First (Primary,) Rheumatism

{Second (Immediate,) old age

Duration of Last Sickness, one year

All the above information should be furnished by the Physician

Place of Burial, St. Peters Cemetery

Date of Burial, Dec. 30 1875 James H Stewart M. D.

{*Undertaker,* J. B. Cook

{*Place of Business,* 707 W Balt St Address Commrs of Health & Registrars

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by J. B. Cook Undertaker

[OVER.]

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK [illegible] CERTIFICATE.

Board of Health, City of Baltimore,

Permit No. 7215

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT DEC 29 1875 BALTIMORE

Date of Death, Dec 27th 75

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jno Mumma

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 35 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Butcher

Birthplace, {State or country (and how long in the United States, if of foreign birth} Baltimore

Duration of Residence in the City of Baltimore. all life.

Place of Death, {Give street and number.} 124 Greenmount Ave

Cause of Death, {First (Primary,) Double Pneumonia

{Second (Immediate,)

Duration of Last Sickness, 5 Days

All the above information should be furnished by the Physician

Place of Burial, Balt Cemetery

Date of Burial, Dec. 29 2 Oclock

Undertaker, Eco C Rodemeyer

Place of Business. 38 Ensor St. *Address*

Edmund R Walker M. D.
Medical Attendant

Coron M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 7216

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 29 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 28th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Annie C. Smith,

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 28 *Years,* *Months,* *Days.*

Color, White *Sex,* Female,

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 90 S. Caroline St.

Cause of Death, First (Primary,) Consumption.

Second (Immediate,)

Duration of Last Sickness, 3 months.

All the above information should be furnished by the Physician.

~~Interment~~ Place of Burial, Las P. Byrne

Date of Burial, Dec 30 1875

~~Undertaker~~ Place of Burial, Bells Cemetery

Place of Business, 63 N. Front St.

J. N. Hoeck M. D.
Medical Attendant.

Address 15 E. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7217

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 29 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec. 28th 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Linda Bare,

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 2 *Months,* *Days.*

Color, White, *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt Md.

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and number.} 6 S. Castle St.

Cause of Death, First (Primary,) Convulsions

Second (Immediate,) Asphyxia

Duration of Last Sickness, 1 day, 4 hours.

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, Thurs. Dec 30th.

C. Glandelbach M. D.
Medical Attendant.

Undertaker, John Bran *Address* Balt. Pitch. St.

Place of Business, 790. 709

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7218

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 29 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 29th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George Henry Mattern.

Sex, Male or Female, {Cross out the word not required in this line,} Male

Age, 9 *Years,* 8 *Months,* 29 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth)} Bullo City

Duration of Residence in the City of Baltimore, all his life

Place of Death, {Give street and number} 179 N. Eden

Cause of Death, {First (Primary,) Scarlet Fever

{Second (Immediate,) Dropsy

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician

Place of Burial, Baltimore Cemetery. C. C. Wolman *M. D.*

Date of Burial, 29 Dec. 1875. Medical Attendant.

Undertaker, H. Hukimann.

Place of Business, 63 N. Eden St. *Address* H. H. Hughes

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7219.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT DEC 29 1875 BALTIMORE

Date of Death, Dec 27th, 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Amos Isaac Deans

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ____ *Years,* ____ *Months,* 21 *Days.*

Color, White *Sex,* ____

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ____

Occupation, ____

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 171 Hudson St Balto Maryland

Duration of Residence in the City of Baltimore, From birth

Place of Death, {Give street and number.} 171 Hudson St

Cause of Death, First (Primary,) ____

Second (Immediate,) unknown

Duration of Last Sickness, ____

All the above information should be furnished by the Physician.

Place of Burial, Md Carmel Cemitery

Date of Burial, Dec 29th 1875

D. H. Martin M. D.
Medical Attendant.

Undertaker, E Eckhart

Place of Business, 269 Canton Av. *Address* ____

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or singie) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

OVER.

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7220,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

DEC 29 1875 BALTIMORE

Date of Death, 28th of Dec. 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Conrad Wilhelm

~~*Sex, Male or Female,*~~ {Cross out the word not required in this line.}

Age, 49 *Years,* *Months,* *Days.*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Labor

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Schneck (Hannover)

Duration of Residence in the City of Baltimore. 22 years

Place of Death, {Give street and number.} 55 E. Chappelth

Cause of Death, First (Primary.) Typhus ictteroides

Second (Immediate,) Insaniatic indertini

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician

Place of Burial, Ft. Athenaeum Cemetery

Date of Burial, December 29th

Undertaker, Michael Shunk

Place of Business, No. 35 Shunk

Address 245 E. Baltimore St.

J. Flatbush M. D.
Medical Attendant

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 7225

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT DEC 30 1875 BALTIMORE

Date of Death, at 8 A. M. Dec 28th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mrs Pauline Bryant

Sex, Male or Female, {Cross out the word not required in this line.} Female & widow

Age, 46 *Years,* *Months,* *Days.*

Color, White *Sex,*

~~*Married, Single,*~~ *Widow or Widower,* {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, Five Years

Place of Death, {Give street and number.} 118 Church St

Cause of Death, {First (Primary,) / Second (Immediate,)} Cancer of Womb

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Balto Cem

Date of Burial, Dec. 30 1875

{*Undertaker,* M A Daiger

{*Place of Business,* 74 S B'way

Brexter Jones M. D.
Medical Attendant.

Address 164 N. Howard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. [illegible]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7223

The Physician who attended any person in a last Illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 31 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 28th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Florence Birkhead

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, Five *Years,* One *Months,* Three *Days.*

Color, White *Sex,* Female

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 77 Granby st

Cause of Death, First (Primary,) Scarlet Fever

~~Second~~ (Immediate,)

Duration of Last Sickness, Five Days

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Thursday 30 2 PM

Undertaker, Richard Neale

Place of Business, E Balto st 233

Chas. H. Cunningham M. D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 7224

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec. 29 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Patk. Morris

Sex, Male ~~or Female,~~ { Cross out the word not required in this line. }

Age, 40 *Years,* — *Months,* — *Days.*

Color, White *Sex,* Male

Married, ~~Single,~~ ~~Widow or Widower,~~ { Cross out the words not required in this line. }

Occupation, Laborer

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Ireland

Duration of Residence in the City of Baltimore, 9 months

Place of Death, { Give street and number. } No. 479 W. Lombard

Cause of Death, { First (Primary,) Consumption

Second (Immediate,) about 3 years

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetary

Date of Burial, December 30th

Undertaker, J. R. Cook

Place of Business, 707 West Baltimore St *Address*

Felix Allen M. D.
Medical Attendant.

148 Mulberry St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7225

The Physician who attended any person in a last Illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 30 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 29th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Paul Dunn

Sex, Male or ~~Female,~~ {Cross out the word not required in this line.}

Age, 68 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

~~*Married, Single, Widow or*~~ *Widower,* {Cross out the words not required in this line.}

Occupation, Blacksmith

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland, 52 Years in U.S.

Duration of Residence in the City of Baltimore, 52 Years

Place of Death, {Give street and number.} No 8 Eutaw St.

Cause of Death, First (Primary,) Paralysis – Paraplegia –

Second (Immediate,) Double Pneumonia

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, ~~Greenmount~~ Capt Geo. W. Reynolds M. D.

Date of Burial, Dec 31 1875 Medical Attendant.

Undertaker, G C. Rodenmeyer *Address* 34 N. Calvert St.

Place of Business, Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, [illegible] PHYSICIANS [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7226

The Physician who attended any person in n last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 30 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 29th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Emme

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 5 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth} Germany.

Duration of Residence in the City of Baltimore. 3 years

Place of Death, {Give street and number.} 50 Penn Avenue

Cause of Death, {First (Primary.) / Second (Immediate,)} Believed to be Croup.

Duration of Last Sickness, 3 days.

All the above information should be furnished by the Physician

Place of Burial, Western Cem[illegible]

Date of Burial, Dec 30th 1875

Undertaker, Jacob Weaver

Place of Business, 1046 Druid Hill Avenue

Geo G Ayle Coroner, M. D.
Medical Attendant.

Address 229 Canton st;

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7227

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 30th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jacob & Christina Housler (Parents)

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* — One *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth} Balto City

Duration of Residence in the City of Baltimore. Life

Place of Death, {Give street and number.} 160 McHenry St

Cause of Death, {First (Primary,) / Second (Immediate,)} Spasms — a few hours

Duration of Last Sickness,

All the above information should be furnished by the Physician

Place of Burial, Western Cemetery *Samuel Hunt* M. D.

Date of Burial, Dec 31st 1875

{*Undertaker,* Andrew Knell / *Place of Business,* 206 Columbia St} *Address* Commrs of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the CORONER, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children

Information by Jacob Housler Father

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7228

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 30th of December 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Eyren Gill James son of Henry James and Sid Pratt James.

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* ——— 14 *Days.*

Color, White *Sex,* Male.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and number.} No 7 Maunsell St (Mt Vernon Place)

Cause of Death, First (Primary,) Premature birth

Second (Immediate,) Diarrhoea

Duration of Last Sickness, 2 Days

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, Dec 30th 1875

Undertaker, Jos W Jenkins & Son

Place of Business, 16 Light St.

J. Schmidt M. D.
Medical Attendant.

Address 92 North Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. ...

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7229.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 29th 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Margaret Mitchell

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 77 *Years,* ... *Months,* ... *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, ...

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, For life

Place of Death, { Give street and number. } 244 N. Calvert St.

Cause of Death, { First (Primary,) Disease of Heart

{ Second (Immediate,) General Dropsy

Duration of Last Sickness, Six or seven months

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, December 30th 1875

{ *Undertaker,* John D. Weaver

{ *Place of Business,* # 22 W. Fayette St

E. W. Hollenberger M. D.
Medical Attendant.

Address 121 W. Monument St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7230

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 26 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary R Miles

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, Twenty four *Years,* Eleven *Months,* Three *Days.*

Color, Dark *Sex,* Female

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, House Keeper

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number.} No 29 Seneca Alley

Cause of Death, {First (Primary,) Pulmonary Consumption

{Second (Immediate,) Septicaemia

Duration of Last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Dec 30th 1876

{*Undertaker,* Wm Sams Son

{*Place of Business,* 63 Smithey St

D L Rucker M. D.
Medical Attendant.

Address 87 Mt Clare St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

F E T Y ▲ F I L

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7231

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 28 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mother's name, Mrs [illegible]

Sex, Male or Female, {Cross out the word not required in this line.}

Age, *Years,* *Months,* 2 *Days.*

Color, [illegible] *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 2 Smiths alley

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 2 Smiths alley

Cause of Death, First (Primary,) Collapsus

Second (Immediate,) Exhaustion

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Dec 30 1875

Undertaker, William Lange

Place of Business, 240 to 242 East Balt

[illegible] M. D.

Medical Attendant.

Address 238 N Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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No. 1

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9233

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 29th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles Edward Langford

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 2 *Months,* *Days.*

Color, ed

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Low 54

Cause of Death, First (Primary,) Scrofula

Second (Immediate,) Scrofulus Pneumonia

Duration of Last Sickness, 8 weeks

All the above information should be furnished by the Physician

Place of Burial, Loudon Park Cemetery

Date of Burial, Dec 29. 1875

Undertaker, William Wenger

Place of Business, No 104 East Street

E. C. Baldwin *M. D.*
Medical Attendant.

Address 124 N. Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No 7293

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 31 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 29th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Dietrich

Sex, Male or Female {Cross out the word not required in this line.} Male.

Age, 68 *Years,* —— *Months,* —— *Days.*

Color, White *Sex,* Male.

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Carpet Rug Cutter

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 18 years.

Place of Death, {Give street and number.} 186 E. Caroline & Street

Cause of Death, First (Primary,) Angina Pectoris

Second (Immediate,) Asphyxia

Duration of Last Sickness, 3 Days

All the above information should be furnished by the Physician.

Place of Burial, St. Matthai Cem.

Date of Burial, 31 Dec 1875

Undertaker, H. Kahmann.

Place of Business, 63 N. Eden St.

Jno Adler M. D.
Medical Attendant
for Dr. Winternitz
Address 12 South Eden St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7234.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec. 30th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie Reinhold

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 12 *Years,* 6 *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth)} Balto. City

Duration of Residence in the City of Baltimore. since birth

Place of Death, {Give street and number.} No 40 Portland St.

Cause of Death, {First (Primary.) Accidentaly

{Second (Immediate.) Burned

Duration of Last Sickness,

All the above information should be furnished by the Physician

Place of Burial, Baltimore Cemetry

Date of Burial, December 31st

Undertaker, Philip D. Hill

Place of Business, 183 Columbia Av

R. C. Lee M. D.
Coroner ~~Medical Attendant~~

Address Hanover & Barre Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. /

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7235

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 30. 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Arthur Jones

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Years, 2 Months, Days.

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Cross Street

Duration of Residence in the City of Baltimore. 2 Months

Place of Death, {Give street and number.} 23 Woodyear St.

Cause of Death, {First (Primary.) Congestion of Brain

{Second (Immediate.) Convulsions

Duration of Last Sickness, 1 hour

All the above information should be furnished by the Physician

Place of Burial, Cathedral Cemetery

Date of Burial, Dec 31

{*Undertaker,* George Culpepper

{*Place of Business,* 26 Light Street

Mahlon Brewer M. D.
Medical Attendant.

Address 201 N. Biddle St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. [illegible]

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7236

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 29th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Nicholas Meaner

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, 47 *Years,* 6 *Months,* 3 *Days.*

Color, White

Married, ~~Single, Widowed or Divorced~~, {Cross out the words not required in this line.} Married

Occupation, Brick Layer

Birthplace, {State or country (and how long in the United States, if of foreign birth} Germany

Duration of Residence in the City of Baltimore, 12 years

Place of Death, {Give street and number.} No 222 Durham St

Cause of Death, {First (Primary,) Phthisis Pulmonalis.
Second (Immediate,)}

Duration of Last Sickness, Six Months

All the above information should be furnished by the Physician

Place of Burial, Fleet st Cemetery

Date of Burial, January 1st 1876

Undertaker, John Schuck

Place of Business, 165 Alicanna st

Thomas D. Evans M. D.
Medical Attendant.

Address No 18 Jackson Square

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7237

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 29th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Louisa Caroline Seamlar

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 1 *Years,* — *Months,* 20 *Days.*

Color, *Sex,* Fem

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 211 Conway St.

Cause of Death, First (Primary,)

Second (Immediate,) Pneumonia

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, H. Fairs burial R. J. H. Tall M. D.

Date of Burial, Jan 31st Medical Attendant.

Undertaker, H. Sander *Address* 15-8 S. Sharp St.

Place of Business, 252 Caroline Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7238

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 30.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Larina a. Anderson

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 2 *Years,* 1 *Months,* 8 *Days.*

Color, White *Sex,* Female

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 205 Hanover St

Cause of Death, {First (Primary,) Phthisis
Second (Immediate,)

Duration of Last Sickness, 1 Year

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemetery

Date of Burial, January 2nd 1876

Gordon Bate M. D.
Medical Attendant.

Undertaker, John H. Weaver

Place of Business, # 22 W. Fayette St

Address 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7239

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 29th 1875.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Angelica Gill

Sex, ~~Male or~~ *Female,* { Cross out the word not required in this line. }

Age, 84 *Years,* *Months,* *Days.*

Color, White *Sex,*

~~*Married, Single,*~~ *Widow* ~~*or Widower*~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Unknown

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } Aged Womens Home

Cause of Death, { First (Primary,) Paralysis / Second (Immediate,)

Duration of Last Sickness, Six Weeks

All the above information should be furnished by the Physician.

Place of Burial, Balto. Cemetery

Date of Burial, Dec 31 1875

{ *Undertaker,* H.W. Hankins & Son / *Place of Business,* 16 Light St } *Address* 11 Waverly Terrace

Geo H. Porter M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 91

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS,

Permit No. 72440

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 30. December 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Conrad Schuler,

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 33 *Years,* 10 *Months,* *Days.*

Color, white *Sex,* male

~~*Married*~~, *Single*, ~~*Widow or Widower*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Eons kirchen in Baiern, 1 year and 9 months in Balty

Duration of Residence in the City of Baltimore, 1 year 9 months

Place of Death, {Give street and number.} 269 Canton Av,

Cause of Death, {First (Primary,) / Second (Immediate,)} Phthisis laryng.

Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, H Bethel Cemetery

Date of Burial, Dec 31st 1875

Undertaker, L. Eckart

Place of Business, 269 Canton Av *Address* 42 N. Broadway.

Robert Smith M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7241

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 30th 1875.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents } Emilie Anna Dorothea Hahne

Sex, Male or Female, { Cross out the word not required in this line. } .....

Age, Two *Years,* Four *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, { Cross out the words not required in this line }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore City Md.

Duration of Residence in the City of Baltimore, Life time

Place of Death, { Give street and number. } 216 E. Baltimore St.

Cause of Death, { First (Primary,) ..... Second (Immediate,) Hydrocephalus

Duration of Last Sickness, Three Weeks

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, Jan. 1st 1876

Undertaker, A. Hahn

Place of Business, 144 E. Saratoga St.

Address 267 E. Saratoga St

Nicholas L. Washington M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

Permit No. 7262

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 30 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Dec 30th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Barbara Mitchell

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 57 *Years,* 2 *Months,* _____ *Days.*

Color, White

Married, ~~Single, Widow or Widower.~~ {Cross out the wor is not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany 24 yrs

Duration of Residence in the City of Baltimore, 24 yrs

Place of Death, {Give street and number.} #1 N. Chapel St

Cause of Death, {First (Primary,) / Second (Immediate,)} Dropsy

Duration of Last Sickness, one year

All the above information should be furnished by the Physician

Place of Burial, St. Alphonsus

Date of Burial, Jan 1st 1876

Undertaker, A Kochler

Place of Business, 24 & E Lond

James A Steuart M. D.
Attending Physician

Address Commiss of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information only by A Kochler undertaker

[OVER.]

No. 7211

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7243

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 31 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 30th 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Willie Ohler

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, ——— *Years,* six *Months,* ——— *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } Protestant Infant Asylum

Cause of Death, { First (Primary,) Cholera Infantum

{ Second (Immediate.)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, Dec 31. 1875

Undertaker, C H Blizzard

Place of Business, 601 S Canals St *Address* 262 Mad St for Dr Latimer

Edwd C Price M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7244

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 31. 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Anna Barbara Thoms

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ____ *Years,* 6 *Months,* 3 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ____

Occupation, ____

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore, since birth

Duration of Residence in the City of Baltimore, ____

Place of Death, {Give street and number.} 82 West St.

Cause of Death, First (Primary,) Indigestion

Second (Immediate.) Convulsions

Duration of Last Sickness, 12 hrs.

All the above information should be furnished by the Physician.

Place of Burial, St. Stephens

Date of Burial, Jan. 1st 1876

Undertaker, C. F. Krause

Place of Business, 210 Hanover st

J. H. Smith M. D.
Medical Attendant.

Address 108 S. Chapel St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 7[illegible]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7245

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 30th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Erelena Dorthea Watchman

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, ~~Years,~~ 7 *Months,* 10 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City (No 4 Will Street near City Block)

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} No 4. Will Street near city block

Cause of Death, First (Primary,) Indigestion

Second (Immediate,) Gastro Enteritis.

Duration of Last Sickness, Four days.

All the above Information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, January 2d 1876

Undertaker, Matthias A. Baigel

Place of Business, 4 1/2 S. Broadway Address

I. I. Cockill M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 7716

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9246

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 30 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James,

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, *Years,* 6 Months *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Illegitimate

Duration of Residence in the City of Baltimore, 6 weeks,

Place of Death, {Give street and number.} St. Vincents Infant Asylum

Cause of Death, {First (Primary,) Jaundice

{Second (Immediate,) convulsions

Duration of Last Sickness, 3 hours

All the above information should be furnished by the Physician

Place of Burial, Cathedral Cemetery

Date of Burial, Dec 31 "1875 Marbury Brewer M. D.
Medical Attendant.

{*Undertaker,* Geiser & Shyd

{*Place of Business,* Dne Interment *Address* 201 W. Biddle St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 1

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7247

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec. 31. 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Catharine

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ... *Years,* 3 weeks *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Foundling

Duration of Residence in the City of Baltimore, 10 days

Place of Death, {Give street and number.} St. Vincents Infant Asylum

Cause of Death, First (Primary,) Congenital Syphilis

Second (Immediate,) convulsions

Duration of Last Sickness, 20 hours

All the above information should be furnished by the Physician

Place of Burial, Cathedral Cemetery

Date of Burial, Dec 31 1875

Undertaker, Sisters

Place of Business, Institution

Marbury Brown M. D.
Medical Attendant.

Address 201 W. Biddle St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

Permit No. 7248

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 31 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henry Langsman

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 29 *Years,* ——— *Months,* ——— *Days.*

Color, White

~~Married~~, *Single,* ~~Widow or Widower~~. {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany — 22 yrs

Duration of Residence in the City of Baltimore, 22 years

Place of Death, {Give street and number.} Bel Air Ave —

Cause of Death, {First (Primary,) / Second (Immediate,)} — Typhoid Fever

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician

Place of Burial, Balto Cemetery

Date of Burial, Jan 2 1876

Undertaker, Geo Schnetting

Place of Business, Augusta Mound *Address* Commiss of Health & Registrar

M. D.

Medical Attendant

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children

[OVER.]

Information by Dr Geo L. Corse (County)

No. 12119

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 12449 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec. 30th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George Francis Blake

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, One *Years,* Nine *Months,* Fifteen *Days.*

Color, White *Sex,* Male

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 284 Central Avenue

Cause of Death, First (Primary,) Convulsions

Second (Immediate,) Congestion of the brain

Duration of Last Sickness, I think about 30 hours

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, Jan 1st 1876

Milton A. Taylor M. D.

Medical Attendant.

Undertaker, Geo. Schilling

Place of Business, Address cor Pitzgerald & Monument St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 7250

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7250

The Physician who attended any person in a last Illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 31 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Dec 31st 75

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Edward Howard Weber

Sex, Male or ~~Female,~~ { Cross out the word not required in this line. }

Age, 3 *Years,* *Months,* *Days.*

Color, white *Sex,* Mal

~~Married,~~ Single, ~~Widow or Widower,~~ { Cross out the words not required in this line. }

Occupation, —

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, all life

Place of Death, { Give street and number. } 93 Druid Hill Ave

Cause of Death, { First (Primary,) / Second (Immediate,) } Scarlatina Maligna

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Sweet Home St Alphonsus

Date of Burial, Jan 1st 1876

Undertaker, F. J. Toll

Place of Business, 90 S. Howard St

Edmund P Walker M. D.
Medical Attendant.

Address, 180 Linden Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 1

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7257.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 31 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Dec 30, 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary A Powell

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 26 *Years,* 9 *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Lady

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Virg. Northumberland Co.

Duration of Residence in the City of Baltimore, 6 wks

Place of Death, {Give street and number.} 44 St Paul St

Cause of Death, First (Primary,) Phthisis

Second (Immediate,) Haemorrhage of lungs.

Duration of Last Sickness, 2 yrs

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet C

Date of Burial, January 1st 1876

Undertaker, J. B. Blackistone & son

Place of Business, 606 Balt St

A. H. Powell M. D.
Medical Attendant.

Address 39 N. Charles St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7252

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Decem 31st 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Cordery.

~~*Sex, Male or Female,*~~ {Cross out the word not required in this line.}

Age, Sixty Four *Years,* ——— *Months,* ——— *Days.*

Color, White *Sex,* Female

Married, Single, ~~Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore. Maryland

Duration of Residence in the City of Baltimore, Sixty Four Years

Place of Death, {Give street and number.} 405 N. Central Ave.

Cause of Death, {First (Primary,) Paralysis
Second (Immediate,) Uraemic Poison

Duration of Last Sickness, Five days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Jan 2d 1876

Undertaker, Henry H. Mears

Place of Business, 45 N Gay St

W. Coleman Iglehart. M. D.
Medical Attendant.

Address 178 Aisquith St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 7253 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 31 21

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Sarah E Shuler

Sex, Male & Female, { Cross out the word not required in this line. }

Age, 84 *Years,* — *Months,* — *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, — — — —

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Ireland

Duration of Residence in the City of Baltimore, Sixty Years

Place of Death, { Give street and number. } 184 N. Eighth St

Cause of Death, { First (Primary,) Old age

{ Second (Immediate.)

Duration of Last Sickness, Three weeks

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, Jan 2 3,0 Clock Dr H Cayne M. D.

Medical Attendant.

Undertaker, George C Rodemeyer

Place of Business, 138 Baker St Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 1

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 7254

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 1 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 30th Dec 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mrs Mary Cordelia Swank

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 33 *Years,* 3 *Months,* *Days.*

Color, Anglo Saxon *Sex,* Female

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Lady

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Rowan Co N. Carolina

Duration of Residence in the City of Baltimore, about 10 years

Place of Death, {Give street and number.} 267 E. Biddle St

Cause of Death, First (Primary,) Childbed

Second (Immediate,) Uraemia

Duration of Last Sickness, 11 days

All the above information should be furnished by the Physician.

Place of Burial, Norfolk Virginia

Date of Burial, Jan 1st 1876

Clifford Pinckney M. D.
Medical Attendant.

Undertaker, George C Rodenmyer *Address* 87 Franklin St

Place of Business, 38 Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

(Transit 303)

[OVER.

No.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7255

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death,	Dec. 31. 1875
Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.}	Annie Lee
Sex, Male or Female, {Cross out the word not required in this line.}	X
Age, 7 *Years,* 7 *Months,* 17 *Days.*	
Color, White *Sex,*	
Married, Single, Widow or Widower, {Cross out the words not required in this line.}	X
Occupation,	X
Birthplace, {State or country (and how long in the United States, if of foreign birth.}	Baltimore
Duration of Residence in the City of Baltimore,	always
Place of Death, {Give street and number.}	csd 17 N Fremont
Cause of Death, First (Primary,)	Croup
Cause of Death, Second (Immediate,)	
Duration of Last Sickness,	10 days

All the above information should be furnished by the Physician.

Place of Burial,	Western Cemetery
Date of Burial,	Jan 2 1876
Undertaker,	J. B. Blackistone & Son
Place of Business,	606 Balt st
	Wm C. Knowles M. D. Medical Attendant.
Address	55 Sharp st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 1

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 7256

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 1 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 30th 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Simmermann

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 6 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 5 years

Place of Death, {Give street and number.} 211 N Caroline st

Cause of Death, First (Primary,) Scarlet Fever

Second (Immediate,) "

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, St Stephens Cemetery. Wm L Howell M. D.

Date of Burial, 2 Jan 1876 Medical Attendant.

Undertaker, Adam Fink.

Place of Business, 461 North Gay. *Address* 1 Broadway & Madison st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7257

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 1 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 31

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Albert E. Riley

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, —— *Years,* 5 *Months,* 21 *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 102. York st

Cause of Death, First (Primary,) Infantile ~~Cholera~~ Inanition

Second (Immediate,)

Duration of Last Sickness, 3 days

All the above Information should be furnished by the Physician.

Place of Burial, New Catherals Cem'y Thurston ~~Cotta~~ M. D.

Date of Burial, Sept 2d 1876 Medical Attendant.

Undertaker, Julius Koehler *Address* 146 Hanover

Place of Business, cor Sharp & Cross st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1258

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 1 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, ~~Dec~~ Jan 1st 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Chas. & Elizabeth Smith

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 10 mos *Days.*

Color, Blk

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore. Life

Place of Death, {Give street and number.} 240 X Alley

Cause of Death, {First (Primary.) Premature Birth

{Second (Immediate.) as

Duration of Last Sickness, ———

All the above information should be furnished by the Physician

Place of Burial, Laurel Cemetery

Date of Burial, Jan 1st 1876

Undertaker, Wm. Davis

Place of Business, 20 Lee Street

James H. Stuart M. D.

Address Commissioners of Health

Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Information by - Charity Brown Midwife

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certi...

Board of Health, City of Baltimore,

Permit No. 7259

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 5 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 31st 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Knight

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, Eleven *Years,* *Months,* *Days.*

Color, *Sex,*

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 171 N Bethel St

Cause of Death, First (Primary,) Rheumatism

Second (Immediate.) Phthisis

Duration of Last Sickness, Can be only just before death, Parent cannot say.

All the above information should be furnished by the Physician.

Place of Burial, [illegible]

Date of Burial, January 3 1876

Undertaker, Geo. Cook

Place of Business, 119 Central Ave

Milton A Taylor M. D.

Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 7260

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 31 75

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Helen Frances Lehmann

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 3 *Years,* *Months,* 6 *Days.*

Color, White

~~*Married, Single, Widow or Widower,*~~ {Cross out the word is not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 31 Gordon's Alley

Cause of Death, {First (Primary,) Scarlatina Malgna Second (Immediate,) Angy

Duration of Last Sickness, 36 hours

All the above information should be furnished by the Physician

Place of Burial, St Dunkirk's

Date of Burial, Jan 2nd 1876

Undertaker, Geo Brause

Place of Business, 209 Thames

Address 57 Hanover

J. Schulz *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No.

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7261

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jany 1st 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named give names of parents.} James Fri Willingham

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 24 *Years,* *Months,* *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Farmer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Co

Duration of Residence in the City of Baltimore, 11 years

Place of Death, {Give street and number.} 152 N. Bond St

Cause of Death, {First (Primary,) ; Second (Immediate,)} Heart Disease

Duration of Last Sickness, 48 hrs 6 days

All the above information should be furnished by the Physician

Place of Burial, Mount Olivet Cem

Date of Burial, Jan 3rd 2 Oclock

Medical Attendant, F F Knapp M. D.

Undertaker, Geo C Rodenmayer

Place of Business, 38 Eason St *Address* 132 E. Orleans St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7262

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT RECEIVED JAN 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 1st

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wilhelm Franke

Sex, Male or Female, {Cross out the word not required in this line.}

Age, — *Years,* 10 *Months,* 7 *Days.*

Color, white *Sex,* male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 487 N. Gay st

Cause of Death, { First (Primary,) Marasmus
Second (Immediate,)

Duration of Last Sickness, about 3 weeks,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery Jas. J. Kluck M. D.

Date of Burial, 2 January Medical Attendant.

Undertaker, Adam Fish

Place of Business, 461 N. Gay St. *Address* 222 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7263

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT BALTIMORE JAN 2 1876

Date of Death, Jan 1st 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Geo Bell

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 52, *Years,* *Months,* *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth)} Pr. Geo. Co.

Duration of Residence in the City of Baltimore, 30 yrs,

Place of Death, {Give street and number.} No 108 Cider Alley

Cause of Death, First (Primary,) Apoplexy,

Second (Immediate,)

Duration of Last Sickness, 2 hours

All the above information should be furnished by the Physician

Place of Burial, New Wash St Cemetery

Date of Burial, 2 of January

Undertaker, [illegible]

Place of Business, 35 S. Eutaw St

Chas Ogle Comm'r M. D.
Medical Attendant

Address 224 Cary St,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7264

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan 1. 1876

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Henry Payne

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, ____ *Years,* ____ *Months,* 8 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Bath Me.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, { Give street and number. } 18 S. Collington Ave.

Cause of Death, { First (Primary,) Friends was ignorant / Second (Immediate,) }

Duration of Last Sickness, One day

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem. *Date of Burial,* Jan 4th 1876

C. Glanville Rusk M. D.
Medical Attendant.

Undertaker, J. Kibler *Place of Business,* 244 E. Lombard St. *Address* Bell & Rusk 215.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 7365

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT JAN 3 BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

2 and 7

CERTIFICATE OF DEATH.

Date of Death, December 31st 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ann Maria McMahon

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 67 *Years,* *Months,* *Days.*

Color, White. *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, In life

Place of Death, {Give street and number.} 298 E. Baltimore St.

Cause of Death, First (Primary,) Inanition & Debility

Second (Immediate.) Nil

Duration of Last Sickness, Three months

All the above information should be furnished by the Physician.

Place of Burial, Greenmount C.

Date of Burial, Jan'y 3. 1876

Undertaker, Hughes & Co.

Place of Business, Broadway

E. W. McMahon M.D.
Medical Attendant.

Address 121 W. Monument St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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No.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of

Board of Health, City of Baltimore,

Permit No. 7266

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last Illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sat, — Jan 1st 1876 —

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mrs Snyder

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.} Female

Age, 80 *Years,* ——— *Months,* ——— *Days.*

Color, White *Sex,* Female

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.} Single

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Md —

Duration of Residence in the City of Baltimore, Not known —

Place of Death, {Give street and number.} Church Home & Infy N. Bway —

Cause of Death, First (Primary,) Old age —

Second (Immediate,)

Duration of Last Sickness, ———

All the above information should be furnished by the Physician.

Place of Burial, Bell Cemetery

Date of Burial, January 2 1876

Undertaker, Wm Fry

Place of Business, 542 Broadway

J. D. Garvin M. D.

Medical Attendant.

Address Church Home & Infy N Bway —

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of Illegitimate children.

[OVER.

K · S · A F E T

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7267

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 29th Day December 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Virginia Emick

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 17 *Years,* *Months,* *Days.*

Color, Black *Sex,*

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Work Woman

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Anne Arundel County

Duration of Residence in the City of Baltimore, 2 5 years

Place of Death, {Give street and number.} 169 Aliceanna Alley

Cause of Death, First (Primary,) Abscess Tumor

Second (Immediate,) Typhoid Fever

Duration of Last Sickness, 2 Month.

All the above information should be furnished by the Physician.

Place of Burial, Dallis st Burial ground

Date of Burial, Jan 1. 76

Undertaker, John W. Locks

Place of Business, No 59. S. Wolf st

W. E. Russell M. D.
Medical Attendant.

Address 1 Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7268

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 31 — 1895

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Clara Grieme

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, Seventy-three *Years,* Eight — *Months,* *Days.*

Color, White *Sex,* Female

Married, ~~Single~~, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Oldenburg Germany

Duration of Residence in the City of Baltimore, About Thirty-six yrs

Place of Death, {Give street and number.} No 163 Eutaw St

Cause of Death, {First (Primary,) Old Age / Second (Immediate,) Not known

Duration of Last Sickness, About Three months

All the above information should be furnished by the Physician.

Place of Burial, Ft Alfonso

Date of Burial, January 3

Undertaker, H. A. Gilling

Place of Business, 22 Penna Ave

W. L. Rieman *M. D.*
Medical Attendant.

Address 87 Mulberry St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this C...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7269

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan 2nd 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Hannah Farrell

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 74 *Years,* ——— *Months,* ——— *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the wor is not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland 16 yrs

Duration of Residence in the City of Baltimore, 16 yrs

Place of Death, {Give street and number.} Cookrain St. Locust Pt

Cause of Death, {First (Primary,) ——— Second (Immediate,) Old Age

Duration of Last Sickness, ———

All the above information should be furnished by the Physician

Place of Burial, Holy Cross

Date of Burial, Jan 5th 1876

Undertaker, M. A Daiger

Place of Business, 74 S. Broadway

James F Cleary M. D.

Address Commis of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children

[OVER.]

Information by M. A Daiger Undertaker

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of

Board of Health, City of Baltimore,

Permit No. 7270

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 1st 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Stella Cone

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 1 *Years,* 11 *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Woodberry Balt^o Co.

Duration of Residence in the City of Baltimore, 1 year & 6 Months

Place of Death, {Give street and number.} 17. Sterrett St

Cause of Death, First (Primary,) Pneumonia

Second (Immediate,)

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Montclair

Date of Burial, January 3

Undertaker, H B Cook

Place of Business, 70 7 adopt Baltimore *Address* 11. Franklin St.

F. A. McManus M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No 12,71

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 1st 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lilly Jones.

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.} Female

Age, ~~Years,~~ 2 months *Months,* *Days.*

Color, White *Sex,* Female

~~*Married,*~~ ~~*Single,*~~ ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Two months.

Place of Death, {Give street and number.} "Protestant Infant Asylum".

Cause of Death, First (Primary,) Congenital disease of heart.

Second (Immediate,) (Cyanosis)

Duration of Last Sickness, Two weeks -

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, Jan. 2nd 1876

Undertaker, C. A. Blizzard,

Place of Business, 187 Lanvale.

C. F. Bevan. M.D.

M. D.

Medical Attendant.

Address Cor Linden Ave & Lanvale

Baltimore.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7272

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 3 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 1st 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Catherine Barrett

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.} Female

Age, 2 *Years,* 11 *Months,* *Days.*

Color, White *Sex,* Female

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Maryland

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 362 Aisquith St.

Cause of Death, {First (Primary,) Spinal

Second (Immediate,) Fever

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, January 3rd 1876

E. Hamilton M. D.
Medical Attendant.

{*Undertaker,* H. H. Gebmeyer

{*Place of Business,* 341 Central Av. *Address* 110 N. Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7273.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 3 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan. 2nd 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary J. Hugg

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 26 *Years,* *Months,* *Days.*

Color, W. F.

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore,

Place of ~~Death,~~ {Give street and number.} 395 Aisquith St

Cause of Death, {First, (Primary,) Parturition
Second (Immediate.) Flooding

Duration of Last Sickness, 8 days.

All the above information should be furnished by the Physician.

Place of Burial, Green Mount. H. J. Reynolds M. D.
Medical Attendant.

Date of Burial, Jan. 3rd 1876.

{*Undertaker,* W. H. Hickman Address 186 Aisquith St.
{*Place of Business,* 234 & 236 Gay St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of

(7274)

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7274

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. JAN 3 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan 1st 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Henry Davidson

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 3 *Years,* 3 *Months,* 24 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md,

Duration of Residence in the City of Baltimore, During Lifetime.

Place of Death, {Give street and number.} 322 S. Sharp St.

Cause of Death, First (Primary,) Scarlet Fever.

Second (Immediate,)

Duration of Last Sickness, 2 weeks.

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, Jan 3d 1876

J. E. Hannington M. D.
Medical Attendant.

Undertaker, Julius Koehler

Place of Business, cor Sharp & Cross sts

Address 321 Light St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

...ful attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on ...

Board of Health, City of Baltimore,

Permit No. 7275

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 3 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 1st 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Reuben Price.

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, in his 55th *Years,* *Months,* *Days.*

Color, B *Sex,* Male

Married, ~~Single, Widow or~~ Widower, {Cross out the words not required in this line.} Widower

Occupation, Sawyer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Agents City Va. Mulatto

Duration of Residence in the City of Baltimore, about 12 years

Place of Death, {Give street and number.} No 84 Aisquith. Balto. Md.

Cause of Death, First (Primary,) Inflamation of Kidneys & Bladder

Second (Immediate,)

Duration of Last Sickness, Nearly four weeks

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cem.

Date of Burial, Jan. 3rd 2. P.M.

Undertaker, Richd Hall

Place of Business, 233 E Balto St

J. Ridgway Andre M. D.
Medical Attendant.

Address 121 E Balto St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7276

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 3 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 1st 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named give names of parents.} Jane Ruff

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 1 *Years,* 11 *Months,* 21 *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth)} Baltimore City

Duration of Residence in the City of Baltimore. 1 Year 11 Months 21 days

Place of Death, {Give street and number} 113 Central Avenue

Cause of Death, {First (Primary,) Lar Sore Throat

{Second (Immediate,) Dyspnea

Duration of Last Sickness, 5 Days

All the above information should be furnished by the Physician

Place of Burial, Baltimore Cemetery

Date of Burial, Jan. 3rd 1876

James Ruff *M. D.*
Medical Attendant.

Undertaker, W. Hickman

Place of Business, 234 N. Gay St. *Address* 158 N. Eden Street Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7277

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 3 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 1. 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Ireland

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 5 *Years,* — *Months,* — *Days.*

Color, Black *Sex,* Femal

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 313. [illegible]

Cause of Death, {First (Primary,) Second (Immediate,) Scarlatina

Duration of Last Sickness, [illegible] 3 days

All the above information should be furnished by the Physician.

Place of Burial, Second Cemetery [illegible] M. D.

Date of Burial, Jan 3 76 Medical Attendant.

Undertaker, [illegible]

Place of Business, [illegible] *Address* [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...ion of Physicians is respectfully invited to the remarks below, and to List of Diseases on ba...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7278

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 5 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan 1st 1876

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Parents } Father D. P Bayley

Sex, Male ~~or Female~~, { Cross out the word not required in this line. } Mother Sarah F. "

Age, ____ *Years,* ____ *Months,* 7 *Days.*

Color, White *Sex,* male

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, ____

Birthplace, { State or country (and how long in the United States, if of foreign birth. } 91 Frederick Ave

Duration of Residence in the City of Baltimore, ____

Place of Death, { Give street and number. } " " "

Cause of Death, { First (Primary,) Premature Birth
Second (Immediate,) Spasms

Duration of Last Sickness, Suddenly

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, Jany 3. 1876

Undertaker, J B Blackistone & Son

Place of Business, 606 W. Balto St.

Geo H Dix M. D.
Medical Attendant.

Address 91 Frederick Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7279.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 3 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 2nd 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Maggie L. Desmead

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 1 *Years,* 8 *Months,* 9 *Days.*

Color, White *Sex,* Female

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} No 1 Hanover st corner of Orleans

Cause of Death, First (Primary,) Scarlatina Maligna

Second (Immediate.) Necremia

Duration of Last Sickness, Four days

All the above information should be furnished by the Physician.

Place of Burial, St Vincents Cemetery D Webster Cattell M. D.

Date of Burial, January 3rd 1876 Medical Attendant.

Undertaker, James L Byrne

Place of Business, No 63 N Front St *Address* N & S Exeter St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on Back.

Board of Health, City of Baltimore,

Permit No. 7280

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 5 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 2 January 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Louis Brider

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 56. *Years,* 2 *Months,* 8 *Days.*

Color, White *Sex,* Male

Married, ~~Single~~, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Merchant.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Marburg. Germany

Duration of Residence in the City of Baltimore, 29 Years

Place of Death, {Give street and number.} 34 N. Fremont the Dropsy

Cause of Death, {First (Primary,) Heart Disease. Insufficiency of the valves

Second (Immediate,) Dropsy

Duration of Last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetry

Date of Burial, Jan. 4th 1876

Undertaker, Adam Heidemeyer

Place of Business, 578½ W. Baltimore St.

G. E. Cope M. D.
Medical Attendant.

Address N. Eutaw St. bet. Lexington & Saratoga

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on Back.

Board of Health, City of Baltimore,

Permit No. 7281

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 3 1876 BALTIMORE.

Date of Death, Jan 2nd

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Reddick

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 83. *Years,* 4 *Months,* — *Days.*

Color, White *Sex,*

~~Married~~, ~~Single~~, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Dorchester Co. Md,

Duration of Residence in the City of Baltimore, 12 years

Place of Death, {Give street and number.} 442 Light

Cause of Death, First (Primary,) Apoplexy

Second (Immediate,)

Duration of Last Sickness, 1 week.

All the above information should be furnished by the Physician.

Place of Burial, Dorchester Co Cherrystone Cr Sd

Date of Burial, Jan 5th 1876 M. D.

Medical Attendant.

Undertaker, Wm Th Denny

Place of Business, 269 Light St *Address* 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

(Transit 304)

[OVER.

The Special attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of t

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7282

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 3 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 1 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mrs Eliza Ann Brown (Widow)

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 53 *Years,* 10 *Months,* 21 *Days.*

Color, *Sex,*

Married, Single, Widow or ~~Widower~~, {Cross out the words not required in this line.} Widow of late Aulay Brown

Occupation, Lady

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Kent Co. Delaware

Duration of Residence in the City of Baltimore, Sixty or forty Years

Place of Death, {Give street and number.} 19 N. Bay St.

Cause of Death, First (Primary,) Partial Paralysis

Second (Immediate,) Paralysis Dropsy

Duration of Last Sickness, about five Months

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, January 4th 1876

W. H. McShane M. D.
Medical Attendant.

Undertaker, John H. Weaver

Place of Business, #22 W. Fayette St. *Address* 71 Franklin St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...ion of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7283

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 3 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, ... January 1st 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary E Clayland

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, ——— *Years,* 2 *Months,* ——— *Days.*

Color, White *Sex,* Female

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 31 S Republican St

Cause of Death, First (Primary,) Unknown

Second (Immediate,) Convulsions

Duration of Last Sickness, 20 hours

All the above information should be furnished by the Physician.

Place of Burial, ~~Greenmount~~ County

Date of Burial, January 4

Undertaker, J B Corbin

Place of Business, 709 West Baltimore Address 210 Franklin St.

John S Purnington M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

(Transit 305)

...ction of Physicians is respectfully invited to the remarks below, and to List of Diseases on ba...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7284

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 3 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan 2nd 1876

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Margaret Sewell

Sex, ~~Male~~ or *Female,* { Cross out the word not required in this line. }

Age, 78 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

~~Married, Single~~, *Widow* ~~or Widower~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Virginia

Duration of Residence in the City of Baltimore, 40 years

Place of Death, { Give street and number. } 23 S Schroeder St

Cause of Death, { First (Primary,) Pneumonia
Second (Immediate,) Exhaustion

Duration of Last Sickness, 3 weeks

All the above Information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, January 4

W. S. Reguler M. D.
Medical Attendant.

{ *Undertaker,* J B Cook
{ *Place of Business,* 707 W Balto *Address* 17 N Calhoun St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back.

Board of Health, City of Baltimore,

Permit No. 7285 — OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 5 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 2nd 1876

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Henry [redacted]idt,

Sex, Male or Female, { Cross out the word not required in this line. } Male.

Age, Seventy two *Years,* Eleven *Months,* *Days.*

Color, White, *Sex,* Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Married

Occupation, Farmer,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Germany, 40 years in U.S.

Duration of Residence in the City of Baltimore, two months

Place of Death, { Give street and number. } 522 Lexington St,

Cause of Death, { First (Primary,) Exposure to Malaria / Second (Immediate,) Typhoid Fever

Duration of Last Sickness, One week,

All the above information should be furnished by the Physician.

Place of Burial, Batto Cemetary,

Date of Burial, January 5th 1876; J. G. Smithcamp M. D. Medical Attendant.

Undertaker, I B Cook. *Address* 584 W Fayette St.

Place of Business, 707 W Battos,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...ttention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7286

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 3 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan 3rd.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Patrick Haines

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, don't know *Years,* but about [redacted] ~~Months, Days~~

Color, White *Sex,*

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, don't know

Birthplace, { State or country (and how long in the United States, if of foreign birth. } ~~don't know~~ Ireland 40 yrs

Duration of Residence in the City of Baltimore, ~~don't know~~ 40 yrs

Place of Death, { Give street and number. } 112 High Street

Cause of Death, { First (Primary,) Consumption / Second (Immediate.)

Duration of Last Sickness, don't know

All the above information should be furnished by the Physician.

Place of Burial, St. Vincents Cemetery 3 months ago attended by Wm. J. Fullerton M. D.

Date of Burial, Jan 3 1876 Medical Attendant.

{ *Undertaker,* Mr Boyne Address Balt. Jan. 3rd 1876

{ *Place of Business,*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...attention of Physicians is respectfully invited to the remarks below, and to list of Diseases on back ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7287

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 3 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 2nd 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Edwards Medcalfe

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ~~[illegible]~~ 67 *Years,* — *Months,* — *Days.*

Color, White *Sex,* Male

Married, ~~Single, Widow or Widower~~; {Cross out the words not required in this line.}

Occupation, ~~[illegible]~~ None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 82 Archards st

Cause of Death, First (Primary,) Apoplexy

Second (Immediate,)

Duration of Last Sickness, One day

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, Jan 4

G. F. Smith M. D.
Medical Attendant.

Undertaker, Shal[illegible] *Address* 150 N. Eutaw st

Place of Business, 212 Mary st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...OF PHYSICIANS IS RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7288

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Found Dec 31st 75

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} (Unknown white Man)

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} —

Age, 35? *Years,* ——— *Months,* ——— *Days.*

Color, ——— white

Married, Single, Widow or Widower, {Cross out the words not required in this line.} unknown

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Unknown Irish? or German

Duration of Residence in the City of Baltimore, ———

Place of Death, {Give street and number.} Found in Frederick St Dock

Cause of Death, {First (Primary,) Accidental Drowning
Second (Immediate,) Verdict of Coroners Jury

Duration of Last Sickness, ———

All the above information should be furnished by the Physician.

Place of Burial, E. Patten Field

Date of Burial, Jan 1st 1876

Undertaker, W. Donovan

Place of Business, 2 Central Ave *Address*

Edmund R Walton *M. D.*
Medical Attendant.
Coron m. P. Dorsey

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

THE SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7289

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 3 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 29th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Unknown

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, died shortly after birth ~~Months~~, Say 10 Minutes ~~Days.~~

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} Found in sink of 137 St Paul St

Cause of Death, {First (Primary,) —} Cause unknown (Coroner's

{Second (Immediate,) —} Jury Verdict)

Duration of Last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, E. Potters Field

Date of Burial, Dec 30 1875

Edmund R Walker M. D.
Medical Examiner.

Undertaker, W. Donovan

Place of Business, Central Av *Address* Coroners P. Dist

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

PHYSICIANS IS RESPECTFULLY INVITED TO THE REMARKS BELOW, AND TO LIST OF DISEASES ON BACK

Board of Health, City of Baltimore,

Permit No. 7290

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last Illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 4 1876 BALTIMORE.

Date of Death, Jan 3rd 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Johnie Marsh

Sex, Male ~~or Female.~~ {Cross out the word not required in this line.}

Age, ——— *Years,* 11 *Months,* ——— *Days.*

Color, white

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 16 Barclay Street

Cause of Death, {First (Primary.) Marasmus.
Second (Immediate,) ~~Consumption~~

Duration of Last Sickness, 11 months

All the above information should be furnished by the Physician

Place of Burial, Balto Cemetery

Date of Burial, Jan 5th 1876

{*Undertaker,* — Parents
{*Place of Business,* ———

James A Steuart M. D.

Address Commiss of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Catherine Marsh Mother

[OVER.]

...n of Physicians is respectfully invited to the remarks below, and to List of Diseases on back o...

Board of Health, City of Baltimore,

Permit No. 7291

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 3 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan. 2nd.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Saml. J. Robinson

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 34 *Years,* *Months,* *Days.*

Color, Colored

Sex, Married

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Engineer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 58 Little Monument st.

Cause of Death, First (Primary,) Typhoid pneumonia

Second (Immediate,)

Duration of Last Sickness, about ten days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park W. H. Thompson *M. D.*

Date of Burial, Jan 3rd 1876 Medical Attendant.

Undertaker, Wm F Fink

Place of Business, 65 Hanover st *Address* 41 Orchard st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

...Physicians is respectfully invited to the remarks below, and to List of Diseases on back o...

Board of Health, City of Baltimore,

Permit No. 7292

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 3 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan 3rd

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary · Emily · Taylor

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 14 *Years,* — *Months,* — *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Worcester County Maryland

Duration of Residence in the City of Baltimore, 9. weeks

Place of Death, {Give street and number.} 463 Light

Cause of Death, First (Primary,) Scarlatina

Second (Immediate,) Diphtheria

Duration of Last Sickness, 6. days

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemetery

Date of Burial, Jan 3rd 1876

Undertaker, Wm Ly Adams

Place of Business, 263 Light

Thos Bond M. D.
Medical Attendant.

Address 146 Hanover

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...N of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7293

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 3 1876 BALTIMORE

Date of Death, January 2 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Esther Woodall

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 76 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} England

Duration of Residence in the City of Baltimore. Thirty five years

Place of Death, {Give street and number.} 15 Warren

Cause of Death, {First (Primary.) Phthisis Pulmonalis

{Second (Immediate,)

Duration of Last Sickness, Six months

All the above information should be furnished by the Physician

Place of Burial, Mt Olivet Cemetery

Date of Burial, Jany 4th 1876

{*Undertaker,* John Thatcher

{*Place of Business,* 18 150 Lombard st

J. W. Webster M. D.
Medical Attendant.

Address 37 Barre

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Physicians is respectfully invited to the remarks below, and to List of Diseases on back

Board of Health, City of Baltimore,

Permit No. 7291

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 5 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 3d 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Letheridge Turner Grimes

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, Four *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Alexandria Virginia

Duration of Residence in the City of Baltimore, Two Weeks

Place of Death, {Give street and number.} No 2 Little Pacca St

Cause of Death, {First (Primary,) Scarlatina Anginosa

{Second (Immediate,)

Duration of Last Sickness, Ten Days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Jany 4th 1876

Undertaker, John S Mackey,

Place of Business, No 150 Camden St *Address* Southern Dispensary 45 Conway St

Lelius Ball M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...ntion of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of ...

Board of Health, City of Baltimore.

Permit No. 7295

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 3 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan: 3rd 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Emma Shaw

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 4 *Months,* 19 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} No 1211 Columbia Ave.

Cause of Death, First (Primary,) Scarlatina Malegna

Second (Immediate,)

Duration of Last Sickness, 36 Hours

All the above information should be furnished by the Physician.

Place of Burial, Mount Olive Cemetery

Date of Burial, January 24th 76

Undertaker, B. F. Dill

Place of Business, 189 Columbia av.

Pembroke M. Randle M. D.
Medical Attendant.

Address 1211 N. Eutaw St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...of Physicians is respectfully invited to the remarks below, and to List of Diseases on back ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7296

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 5 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Dec 31st 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Boston

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.} Female

Age, 80 *Years,* 2 *Months,* 7 *Days.*

Color, Mulatto *Sex,* Female

~~Married, Single~~, Widow or ~~Widower~~, {Cross out the words not required in this line.} Widow

Occupation, Domestic Servant

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Worcester Co. Md

Duration of Residence in the City of Baltimore, 70 years

Place of Death, {Give street and number.} 172 East St

Cause of Death, {First (Primary,) Senility

{Second (Immediate,)

Duration of Last Sickness, 20 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetary

Date of Burial, January 3 1876

Undertaker, James H Davis

Place of Business, No 12 Saratoga St

D Webster Cattell M. D.
Medical Attendant.

Address 172 E. East St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 7297 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 3 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 3 - 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Fannie Anderson

~~*Sex, Male or Female,*~~ {Cross out the word not required in this line.}

Age, 2 7 *Years,* *Months,* *Days.*

Color, Colored *Sex,* Female

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} St Marys Co Md

Duration of Residence in the City of Baltimore, 4 years

Place of Death, {Give street and number.} Oxford st

Cause of Death, First (Primary,) Consumption of Lungs

Second (Immediate,)

Duration of Last Sickness, Six Months

All the above information should be furnished by the Physician.

Place of Burial, Annapolis Maryland

Date of Burial, Jan 4 1876

C Wheaden M. D.
Medical Attendant.

Undertaker, William L Dorsey

Place of Business, No 104 East Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

(Transit 306)

...tion of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of...

Board of Health, City of Baltimore,

Permit No. 7298. OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 6 1876 BALTIMORE.

Date of Death, Jan 3rd 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Edward A Brown

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 78 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} England

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Holliday St

Cause of Death, {First (Primary,) Chronic of Liver

Second (Immediate,)

Duration of Last Sickness, about six months.

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Jan 5th 1876

Undertaker, J. B. Blackiston

Place of Business, W. Balto St

G. R. McKim M. D.
Medical Attendant.

Address 582 N. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

...ition of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of ...

Board of Health, City of Baltimore,

Permit No. 7299

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 4 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 3 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Conrad Weitler

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 46 *Years,* 7 *Months,* — *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} married

Occupation, Tailer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 22 years

Place of Death, {Give street and number.} 78 Albemarle St

Cause of Death, First (Primary,) Galloping Consumption

Second (Immediate,)

Duration of Last Sickness, 10 mths

All the above information should be furnished by the Physician.

Place of Burial, Trinity Baltimore

Date of Burial, January 5th 1876

Abram B Arnold M. D.
Medical Attendant.

Undertaker, Peters

Place of Business, 91 Eastern Ave. *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...tion of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7300

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

JAN 4 1876 BALTIMORE

Date of Death, January 2nd 1.30 PM 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Joseph D Pfisner

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1 4 *Years,* 10 *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Baker

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Oldenburg Lindage germany

Duration of Residence in the City of Baltimore, 9 30 years

Place of Death, {Give street and number.} corner Chase and Aisquith

Cause of Death, First (Primary,) Phthisis Pulmonalis 3rd Stage

Second (Immediate,) Monoxidization of blood

Duration of Last Sickness, two weeks.

All the above information should be furnished by the Physician.

Place of Burial, Mt Hyperion Cem & Geo Wallis

Date of Burial, January 5 1876

M. D.
Medical Attendant.

Undertaker, Henry Hoen

Place of Business, 269 Central Ave Address 181 E Monument st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...ON OF PHYSICIANS IS RESPECTFULLY INVITED TO THE REMARKS BELOW, AND TO LIST OF DISEASES ON BACK OF...

Board of Health, City of Baltimore,

Permit No. 7301

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 4 1876 BALTIMORE

Date of Death, Jan 3rd 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sarah Hammon

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 40 *Years,* —— *Months,* —— *Days.*

Color, Blk

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, one week

Place of Death, {Give street and number.} 183 Cross St.

Cause of Death, {First (Primary,) ; Second (Immediate,)} Consumption

Duration of Last Sickness,

All the above information should be furnished by the Physician

Place of Burial, Brooklyn A.A. Co. Md

Date of Burial, Jan 5 1876

Undertaker, S. W. Chase

Place of Business, East St

James F. Heuisler M. D.

Address Commiss of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by S. W Chase undertaker

[OVER.]

SAFETY FILM

Physicians is respectfully invited to the remarks below, and to List of Diseases on back o

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7302

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 4 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan 2nd 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Charlotte Ann Young.

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Col'd *Years,* 11 *Months,* *Days.*

Color, *Sex,* Female.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 24 Carlton st.

Cause of Death, First (Primary,) Bronchitis.

Second (Immediate,)

Duration of Last Sickness, one month.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery.

Date of Burial, Jan 4 1876

Albert Stephens M. D.
Medical Attendant.

Undertaker, W. H. Chase.

Place of Business, 30 N. Carrollton Ave

Address 30 N. Carrollton Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

KODAK S·A

...on of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7303,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 4 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 2 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sara J. Armstrong

~~*Sex, Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 26 *Years,* — *Months,* — *Days.*

Color, Wh *Sex,*

Married, Single, ~~Widow or Widower~~ {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, 23 yrs

Place of Death, {Give street and number.} No 17 Lambert near Penna ave

Cause of Death, First (Primary,) Consumption of Lungs

Second (Immediate.)

Duration of Last Sickness, 5 wks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem

Date of Burial, Jan 4 1876

Undertaker, J H Chase

Place of Business, No 19 E Baltimore

G. L. Tanyhill M. D.
Medical Attendant.

Address 129 N. Biddle St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...on of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this ...

Board of Health, City of Baltimore,

Permit No. 7304

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPART... JAN 4 1876 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, January 2nd 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Eleanor Williams

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.} Female

Age, Twenty Nine *Years,* *Months,* *Days.*

Color, Colored *Sex,*

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.} Married

Occupation, Chambermaid

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} # 88 East Street

Cause of Death, First (Primary,) Consumption

Second (Immediate,)

Duration of Last Sickness, Two months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Jan 4th 1876

F. E. Foote M. D.
Medical Attendant.

Undertaker, William A. Dunsee

Place of Business, No 109 Eutaw Address Baltimore & Eden Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

Permit No. 7305

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

JAN 2 1876 BALTIMORE

Date of Death, Jan 2 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie Brown

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 1 *Years,* 7 *Months,* ——— *Days.*

Color, Blk

Married, Single, Widow or Widower, {Cross out the words not required in this line}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 86 N. Charles St.

Cause of Death, {First (Primary,) Affection of Brain

{Second (Immediate,) Convulsions

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, E. Potters Field

Date of Burial, Jan 4th 1876

{*Undertaker,* H. Donovan

{*Place of Business,* 118 S. Central Ave

James H Chenault M. D.

Address Commrs of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by— Mrs Sol. Brown

[OVER.]

...of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of ...

Board of Health, City of Baltimore,

Permit No. 7306.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

JAN 4 1876 BALTIMORE

Date of Death, Jan. 2. 1876 (George Beck)

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George Beck

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, four *Years,* — *Months,* — *Days.*

Color, White *Sex,* male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Child

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, four years

Place of Death, {Give street and number.} Cor. Elliott & Caution Streets

Cause of Death, First (Primary,) Inflamation of Lungs.

Second (Immediate,)

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, St Mathews Cemetery J. Schwartz M. D.

Medical Attendant.

Date of Burial, January 5th.

Undertaker, Leonhard & Kurr

Place of Business, S. Bond str. N° 277. Address Elliott & Caution Sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish thin forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate ing forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person ceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...s of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this C...

Board of Health, City of Baltimore,

Permit No. 7307

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan ~~Dec~~ 3. 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named give names of parents.} Stephen

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years,* ..... *Months,* 7 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Illegitimate

Duration of Residence in the City of Baltimore, 7 days

Place of Death, {Give street and number.} St Vincents Infant asylum

Cause of Death, First (Primary,) .....

Second (Immediate,) ..... Convulsions

Duration of Last Sickness, 3 hours

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, Dec 5. 1875

Undertaker, Sisters in

Place of Business, Shy Institute

Marbury Brown M. D.
Medical Attendant.

Address 201 W. Biddle St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...ation of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of ...

Board of Health, City of Baltimore,

Permit No. 7308

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

JAN 3 1876

Date of Death, January 1st 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Edward Myers & Ella Hines Parents

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, *Years,* *Months,* 5 *Days.*

Color, Negro *Sex,* Female

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 57 Booth Street

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 57 Booth Street

Cause of Death, {First (Primary,) Spasm

{Second (Immediate,)

Duration of Last Sickness, 1 day

All the above information should be furnished by the Physician.

Place of Burial, W. P. Fuld

Date of Burial, Jan 4, 76

Undertaker, A. Lee & Bro

Place of Business, 441 S. Eutaw St

H. N. Shutt M. D.
Medical Attendant.

Address No 11. S. Arlington ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...ation of Physicians is respectfully invited to the remarks below, and to List of Diseases on back o...

Board of Health, City of Baltimore,

Permit No. 7309

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

JAN 1876 BALTIMORE

Date of Death, Jan 2d 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Edward Mayers & Ella Mayers (Parents) (Levi Y)

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, Years, Months, 6 Days.

Color, Negro *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Booth street No 57,

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Booth st No 57

Cause of Death, First (Primary,) Spasms

Second (Immediate,)

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, W. J. Field

Date of Burial, Jany 4th

H. N. Shultz M. D.

Medical Attendant.

Undertaker, H H & C Gay

Place of Business, 11 & 17 Exchange Place Address No 11 South Arlington ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7310

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 4 1876 BALTIMORE

Date of Death, January 2 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Miss Jane McDermot

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 65 *Years,* *Months,* *Days.*

Color, White *Sex,* Female.

~~Married~~, *Single,* ~~Widow or Widower~~ {Cross out the words not required in this line.}

Occupation, School Teacher

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City.

Duration of Residence in the City of Baltimore, 65 years from birth

Place of Death, {Give street and number.} 285 E. Baltimore Strut

Cause of Death, First (Primary,)

Second (Immediate,) Typhoid Fever

Duration of Last Sickness, Ten days.

All the above information should be furnished by the Physician.

Place of Burial, Presbyterian ground

Date of Burial, Jany 5

J. J. Cockill M. D.
Medical Attendant.

Undertaker, R & L Brown

Place of Business, 281 East Balto St Address 28

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Physicians is respectfully invited to the remarks below, and to List of Diseases on Back.

Board of Health, City of Baltimore,

Permit No. 7311

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 4 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan 22 '76

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Annie Robinson

Sex, ~~Male~~ or *Female,* { Cross out the word not required in this line. }

Age, *Years,* 18 *Months,* *Days.*

Color, Black *Sex,* Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, [illegible]

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, 18 months

Place of Death, { Give street and number. } 59 ~~Patapsco~~ Dallas St

Cause of Death, { First (Primary,) / Second (Immediate,) } Unknown

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Dallas St Grave Yard

Date of Burial, Jan 5th 1875

M. D.
Medical Attendant.

Undertaker, John C London

Place of Business, 63 Park Ave *Address* 134 N Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of...

Board of Health, City of Baltimore,

Permit No. 7312

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 4 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan 1st 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James E Smith

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 22 *Years,* 4 *Months,* *Days.*

Color, White *Sex,* Male

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} Single

Occupation, Moulder

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 82 S Washington St

Cause of Death, {First (Primary,) Double Pneumonia

{Second (Immediate,)

Duration of Last Sickness, Eight days

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cem *D Webster Bethell* M. D.

Date of Burial, Jan 5th 1876 Medical Attendant.

Undertaker, Hughes & Co

Place of Business, 658 Broadway *Address* 172 S Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...of Physicians is respectfully invited to the remarks below, and to List of Diseases on back ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7313,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 2 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 4th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jost Meyer

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 67 *Years,* 7 *Months,* *Days.*

Color, White *Sex,* Male

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Grocery Store

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Hanover Germany

Duration of Residence in the City of Baltimore, 22 years

Place of Death, {Give street and number.} Nelson Exeter & Fayette sts

Cause of Death, First (Primary,) Apoplexy

Second (Immediate,)

Duration of Last Sickness, Four days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Jan 5th 1876

D Webster Cathell M. D.
Medical Attendant.

Undertaker, Henry H. Mears

Place of Business, 45 N Gay St Address N & S Exeter St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...Physician is respectfully invited to the remarks below, and to List of Diseases on Back...

Board of Health, City of Baltimore,

Permit No. 7314

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
JAN 5
1876
BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan 3, 76.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Grove G. Bishop

Sex, ~~Male or Female~~ Male {Cross out the word not required in this line.}

Age, 7 *Years,* 3 *Months,* 12 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md'a Both

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 248. S. Charles

Cause of Death, First (Primary,) Scarlatina

Second (Immediate,) Albumen Urea

Duration of Last Sickness, 25 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery Kenton Cotta M. D.

Date of Burial, January 5th 1876 Medical Attendant.

Undertaker, Chas A. Herold

Place of Business, 161 Hanover St *Address* 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

PHYSICIANS IS RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK

Board of Health, City of Baltimore,

Permit No. 7315

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if required so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 5 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan. 4th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named give names of parents.} John Hall

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line,}

Age, *Years,* 3 *Months,* *Days.* 11

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth} Balto City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 40 & 46 B. Dearborn St

Cause of Death, {First (Primary,) Convulsions

{Second (Immediate,)

Duration of Last Sickness, 3 Days

All the above information should be furnished by the Physician

Place of Burial, Baltimore Cemetary

Date of Burial, Jan 5th 1876

Undertaker, A. Scottish

Place of Business, 246 Eastern Av *Address*

M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of Illegitimate children.

[OVER.]

Physicians is respectfully invited to the remarks below, and to List of Diseases on back.

Board of Health, City of Baltimore,

Permit No. 7316

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 5 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 14th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lizzie Stein Dorsey

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 13 *Years,* 1 *Months,* 3 *Days.*

Color, White *Sex,* Female

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, none

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Two Weeks

Place of Death, {Give street and number.} 93 Lousand St

Cause of Death, {First (Primary,) Peritonitis Cause unknown.
{Second (Immediate,)

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cem

Date of Burial, Jan 5 1876

E R Bacon M. D.
Medical Attendant.

Undertaker, C. H. Bland

Place of Business, 201 of Lanvale & Etting St

Address 1442 Bolton St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

...ON of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this C...

Board of Health, City of Baltimore,

Permit No. 7317

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 5 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 4th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sarah Steinberg

Sex, ~~Male~~ *Female,* {Cross out the word not required in this line.} Female

Age, Eighty Years, Months, Days.

Color, White

~~Married~~, *Widow* ~~Widower~~, {Cross out the word is not required in this line.} Widow

~~Occupation~~,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 42 years

Place of Death, {Give street and number.} No 190 Miscanna St

Cause of Death, First (Primary,) Fracture of the Femur

Second (Immediate,) Typhoid Fever

Duration of Last Sickness, Four weeks

All the above information should be furnished by the Physician

Place of Burial, Har Sinai Cemetery

Date of Burial, January 6th 1876

Undertaker, William Eilau

Place of Business, No 101 Gough St

Thomas D. Evans M. D.
Medical Attendant.

Address No 18 Jackson Square

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7318.

The Physician who attended any person in a last Illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 5 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 4th 1876 Parcuto

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Florence Brown & Daniel Richerson

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, ——— *Years,* ——— *Months,* 5 *Days.*

Color, Blk

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 64 Orleans St

Cause of Death, {First (Primary,) ——— Second (Immediate,) Hemorrhage of navel

Duration of Last Sickness,

All the above information should be furnished by the Physician

Place of Burial, Laurel Cemetery

Date of Burial, Jan 6 1875 Jamus A Steuart M. D.

Undertaker, W. N. Dunger

Place of Business, East St

Address Commiss of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of Illegitimate children.

Information by Jack Johnson Midwife

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7319

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 5 1876 BALTIMORE

Date of Death, Jany 4th 76

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Laura Lee Riston

Sex, ~~Male~~ *Female,* {Cross out the word not required in this line.} Female

Age, one *Years,* Seven *Months,* *Days.*

Color, White *Sex,*

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Maryland

Duration of Residence in the City of Baltimore, whole life

Place of Death, {Give street and number.} 16 & Republican

Cause of Death, { First (Primary,) Scarlatina

Second (Immediate.) "

Duration of Last Sickness, four days

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivett

Date of Burial, 5th Jan 1876

{ *Undertaker,* Jos. Lauer

Place of Business, 568 W Balto St *Address* 396 W. Fayette St.

Thomas Dyer M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Physicians is respectfully invited to the remarks below, and to List of Diseases on ba...

Board of Health, City of Baltimore,

Permit No. 7320

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 1885 BALTIMORE

Date of Death, January 8 1885

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Maryann Summers

Sex, ~~Male~~ *Female,* {Cross out the word not required in this line.}

Age, 35 *Years,* ____ *Months,* ____ *Days.*

Color, Col *Sex,* Female

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, ____

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 35 Year

Place of Death, {Give street and number.} 13, Osden St

Cause of Death, {First (Primary,) Phthisis Pulmonalis

{Second (Immediate,) ____

Duration of Last Sickness, Seven weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel, Md

Date of Burial, Jan 9th 1885

M. D.

Medical Attendant.

Undertaker, John C. Jordan

Place of Business, 63 Park av *Address* 73 W Balt St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Physicians is respectfully invited to the remarks below, and to List of Diseases on Back.

Board of Health, City of Baltimore,

Permit No. 7321

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 5 1876 BALTIMORE

Date of Death, January 3rd 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sarah Canfield

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 35 *Years,* *Months,* *Days.*

Color, Black *Sex,*

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Calvert County Md

Duration of Residence in the City of Baltimore, 5 Years

Place of Death, {Give street and number.} No 15 S Sharp St

Cause of Death, First (Primary,) Typhoid Fever

Second (Immediate,)

Duration of Last Sickness, 2 Months

All the above information should be furnished by the Physician.

Place of Burial, Mount Cemetery

Date of Burial, Jan 5 76

Undertaker, J Poole

Place of Business, 11 S. Howard St

Wm L. Keene M. D.
Medical Attendant.

Address Boarding House
Madison St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Physicians is respectfully invited to the remarks below, and to List of Diseases on [illegible]

Board of Health, City of Baltimore,

Permit No. 7322 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 5 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 4th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Lauretta Sauerwald

~~*Sex, Male*~~ *or Female,* {Cross out the word not required in this line.} Female

Age, *Years,* Two *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 338 Mulberry Street Baltimore Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 338 Mulberry Stat

Cause of Death, First (Primary,) Dentition

Second (Immediate,) Congestion of Brain

Duration of Last Sickness, One Day

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, Jan. 6th

C. C. Town M. D.
Medical Attendant.

Undertaker, F. Kümmel

Place of Business, 311 Mulberry St. Address 226 Mulberry Stat

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.'

[OVER.

Physicians is respectfully invited to the remarks below, and to List of Diseases on ba...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7323

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 5 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 5 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Catie Augusta Steward

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 17 *Months,* ... *Days.*

Color, ... *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ,,

Occupation, ,,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 26 Steward ~ Balt.

Duration of Residence in the City of Baltimore, 17 months

Place of Death, {Give street and number.} 53 Cornhill ~ Balt

Cause of Death, First (Primary,) pneumonia

Second (Immediate,) Two weeks

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Friday 10 a.m.

Undertaker, H. Jenkins Sons

Place of Business, 16 Light St

J H Sutton M. D.
Medical Attendant.

Address 23 Franklin ~ Balt

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7324

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 5 1876 BALTIMORE.

Date of Death, Jan 4th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Heffinty

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 49 *Years,* — *Months,* — *Days.*

Color, white

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Penna

Duration of Residence in the City of Baltimore, 25 Years

Place of Death, {Give street and number.} No 6 East Pratt

Cause of Death, First (Primary,) Apoplexy

Second (Immediate,)

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician

Place of Burial, Balto Cemetery

Date of Burial, Jan 6th 1876 Lusk Heuisler M. D.

Medical Attendant.

Undertaker, Wm Fry

Place of Business, 524 n Broadway *Address* 133 E Eden st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Physicians is respectfully invited to the remarks below, and to List of Diseases on b...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7325

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 5 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 1 Mo 5 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} J. Waller Blundell

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ~~—~~ *Years,* 2 *Months,* ~~7 days~~ 3 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Child

Occupation, Child.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 28 Walsh St

Duration of Residence in the City of Baltimore, 9 Weeks

Place of Death, {Give street and number.} 36 Courtland St.

Cause of Death, First (Primary,) Atrophia

Second (Immediate,)

Duration of Last Sickness, 7 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral burn

Date of Burial, Jan 7 st 1876

A Riley M. D.
Medical Attendant.

Undertaker, Chas. T. Scriven

Place of Business, No 271 W. Eutaw st Address 47 Lexington St

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Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7326,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 5 1876 BALTIMORE

Date of Death, Jan. 4th 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles Mitchell

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 1 *Years,* 6 *Months,* *Days.*

Color, white *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. city

Duration of Residence in the City of Baltimore, since born

Place of Death, {Give street and number.} 58 S. Central Av.

Cause of Death, First (Primary,) Diphtheria

Second (Immediate,)

Duration of Last Sickness, 3 days.

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cemetery Claire G. Dausch M. D.

Date of Burial, January 6th Medical Attendant.

Undertaker, [illegible]

Place of Business, 1, 35 Bond St. *Address* 27 E. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7327

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 5 1876 BALTIMORE

Date of Death, Jan. 4 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} C. [illegible]

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, *Years,* 5 *Months,* 1 2 *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} No. 14 E. Pratt

Cause of Death, {First (Primary.) {illegible} Second (Immediate,) Congestion

Duration of Last Sickness, 2 Days

All the above information should be furnished by the Physician

Place of Burial, Mount Common

Date of Burial, Jan. 5 th.

Undertaker, H. Dippel

Place of Business S. Bond st. 151

Dr. [illegible] *M. D.,*
Medical Attendant.

Address [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Physicians is respectfully invited to the remarks below, and to List of Diseases on back

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7328

The Physician who attended any person in a last Illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 5 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 4 January 1876.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents } F. August Mencke

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, X *Years,* 11 *Months,* 11 *Days.*

Color, white. *Sex,* male

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 216 N. Gay St.

Cause of Death, { First (Primary,) Scarlatina

Second (Immediate,)

Duration of Last Sickness, 6 Days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Jan 6th

C. Hoffmann M. D.
Medical Attendant

Undertaker, Franklin Diggs

Place of Business, 5. Bond 2d [illegible] *Address* 57 Aisquith St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7329

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 5 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan 4 th. 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Laura E. Dalgrupple

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 27 *Years,* 8 *Months,* 24 *Days.*

Color, (White)

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Calvert Co Md.

Duration of Residence in the City of Baltimore, Nearly five yrs

Place of Death, {Give street and number} 114 E Eager st

Cause of Death, {First (Primary,) Consumption. Second (Immediate,)

Duration of Last Sickness, Two years

All the above information should be furnished by the Physician

Place of Burial, Balto. Cemetery

Date of Burial, 6th Jan'y 1876

Undertaker, W. W. Jenkins & Son

Place of Business, 1200 & 16 Light St

Jno. H. Atkinson M. D.
Medical Attendant.

Address 133½ Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

PHYSICIANS IS RESPECTFULLY INVITED TO THE REMARKS BELOW, AND TO LIST OF DISEASES OF BA...

Board of Health, City of Baltimore,

Permit No. 7330. OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 5 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 14th January 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jacob W Taylor

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 47 *Years,* *Months,* *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Marble Cutter

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore.

Place of Death, {Give street and number.} 119 Burrest

Cause of Death, {First (Primary,) Phthisis.
Second (Immediate,)

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician

Place of Burial, Balto Cem

Date of Burial, Jan 6th 1876

Undertaker, Trowbridge Berry

Place of Business, 26 Light

W W Webb M. D.
Medical Attendant.

Address 57 Barrest

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of Illegitimate children

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7331,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN. 6 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 5th Jan 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} May A. O'Donavan

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* 9 *Months,* 15 *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 875 Millington St

Cause of Death, { First (Primary,) Scarlet Fever
Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician

Place of Burial, Greenmount Cemetery

Date of Burial, Jan 6 1876

M. D.
Medical Attendant.

Undertaker, C. F. Kraus

Place of Business, 209 Hanover

~~Address~~ A. M. Lodge M.D
209 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3332

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN. 6 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 5th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles Bindiff

Sex, Male or Female, {Cross out the word not required in this line.}

Age, about 62 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Taylor

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, about 35 years

Place of Death, {Give street and number.} Conway & Fremont St

Cause of Death, First (Primary,)

Second (Immediate,) Dropsy

Duration of Last Sickness, Eight or Nine Months

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, Jan 6th 1876

J. C. Buck M. D.
Medical Attendant.

Undertaker, Julius Kochler

Place of Business, Cor Sharp & Lombard

Address 111 Aisquith St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...Physicians is respectfully invited to the remarks below, and to List of Diseases on back.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7333

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 6 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 4th. 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Eliza Smith.

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 39. *Years,* ——— *Months,* 20 *Days.*

Color, White *Sex,* Female

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Birmingham, England.

Duration of Residence in the City of Baltimore, Seven months

Place of Death, {Give street and number.} 125 Exeter St.

Cause of Death, { First (Primary,) Phthisis.
Second (Immediate.)

Duration of Last Sickness, Three months.

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery,

Date of Burial, Jan 5 1876

{ *Undertaker,* James O Byrne.
Place of Business, No 63 W Fayette St

D. Caldwell Ireland M. D.
Medical Attendant.

Address 178 Aisquith St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7334

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN. 6 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 3d 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Cath[illegible]a. Myers

Sex, ~~Male~~ *Female,* {Cross out the word not required in this line.}

Age, 17 *Years,* 10 *Months,* 2 *Days.*

Color, White *Sex,* Female

~~Married~~, *Single,* ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} City Balt

Duration of Residence in the City of Baltimore, 17

Place of Death, {Give street and number.} 255 Franklin St

Cause of Death, First (Primary,) Glanders

Second (Immediate.) Sloughing

Duration of Last Sickness, 2 day

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, Dec 6th

Saml Enterline M. D.
Medical Attendant.

Undertaker, C. Wiegand

Place of Business, 58 Druid Hill Ave *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Physicians is respectfully invited to the remarks below, and to List of Diseases on bac

Board of Health, City of Baltimore,

Permit No. 7335

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN. 6 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jany 4th 76.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Thomas Conner

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 48 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Fireman

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Cellicke, Dexford Co. Ireland

Duration of Residence in the City of Baltimore, eight years

Place of Death, {Give street and number.} 10 Gough n.

Cause of Death, First (Primary,) Pelvic abscess

Second (Immediate,)

Duration of Last Sickness, ~~Fourteen~~ days

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, Jan 6 1876

Undertaker, James O Byrne

Place of Business, No 63 W Fremt St

John F. Lemmoneer, M. D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Physicians is respectfully invited to the remarks below, and to List of Diseases on back

Board of Health, City of Baltimore,

Permit No. 7336

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN. 6 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 5th

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } V. Fahy

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 71 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Ireland

Duration of Residence in the City of Baltimore, 5 years

Place of Death, { Give street and number. } Columbia St. 15.

Cause of Death, { First (Primary,) Phthisis Pulmonalis
Second (Immediate.) Apnoea

Duration of Last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, Md Cathedral Cemetery

Date of Burial, Jan 7 1876

{ *Undertaker,* James O Byrne
{ *Place of Business,* No 630 W Fremt St

M. D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

T Y ▲ F I L M ■

PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of

Board of Health, City of Baltimore,

Permit No. 7337

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 6 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 5th 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mathew Lopinto.

Sex, Male or Female, {Cross out the word not required in this line.} Male —

Age, 1 *Years,* 4 — *Months,* 8 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, all his life

Place of Death, {Give street and number.} On Grant & Mulberry

Cause of Death, {First (Primary,) Scarlet Fever.

{Second (Immediate,) do — Malignant

Duration of Last Sickness, 5 days —

All the above information should be furnished by the Physician

Place of Burial, St Alphonsus

Date of Burial, Jan 6th 1876

Undertaker, Chas P Byrne

Place of Business, 130 Front st

W. K. Byrne — M. D.
Medical Attendant.

Address 86 E Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

OAK SAFE

PHYSICIANS IS RESPECTFULLY INVITED TO THE REMARKS BELOW, and TO LIST OF DISEASES OR CAU

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7338

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 6 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 5th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Miss Ann Eliza Tuchin

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 94 *Years,* —— *Months,* —— *Days.*

Color, white

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, ——

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore. Life

Place of Death, {Give street and number.} 289 N. Broadway

Cause of Death, {First (Primary,) / Second (Immediate,)} Consumption

Duration of Last Sickness, 10 years

All the above information should be furnished by the Physician

Place of Burial, Balto Cemetery

Date of Burial, Jan 7th 1876

James A Steuart M. D.

{*Undertaker,* W. H. Hickman / *Place of Business,* Eutaw St} *Address* Commiss of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by W. H. Hickman under taker

[OVER]

Physicians is respectfully invited to the remarks below. and to List of Diseases on ba

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7339

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN. 6 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan. 5 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Zilla Shaus.

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 5 *Years,* —— *Months,* —— *Days.*

Color, White *Sex,* ——

Married, Single, Widow or Widower, {Cross out the words not required in this line.} S.

Occupation, ——

Birthplace, {State or country (and how long in the United States, if of foreign birth.} ~~Chas~~ Marylands

Duration of Residence in the City of Baltimore, 2 months

Place of Death, {Give street and number.} 32 N. Front

Cause of Death, {First (Primary,) Diphtheria / Second (Immediate,)

Duration of Last Sickness, 3 days.

All the above Information should be furnished by the Physician.

Place of Burial, Lloyd St Cemetery

Date of Burial, Jan 7 da

Abram B Arnold M. D.
Medical Attendant.

Undertaker, Wm Elam

Place of Business, 101 Gough St *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7340

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN. 6 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 5th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Phillip Walsh

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 57 yrs 8 mths *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, ~~Single, Widow or Widower.~~ {Cross out the words not required in this line.}

Occupation, Builder

Birthplace, {State or country (and how long in the United States, if of foreign birth.} County Cork Ireland

Duration of Residence in the City of Baltimore, 36 years

Place of Death, {Give street and number.} 117 Cathedral St

Cause of Death, {First (Primary,) Apoplexy
Second (Immediate,)

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cem.

Date of Burial, January 7th 1876

Undertaker, Mathias A Daiger

Place of Business, 74 N. Broadway

L McLane Tiffany M. D.
Medical Attendant

Address 31 Cathedral St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Physicians is respectfully invited to the remarks below, and to List of Diseases on Back.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7341.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN. 6 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 4 - 1876 -

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John King -

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 79 *Years,* 11 *Months,* 6 *Days.*

Color, White *Sex,* Male

~~*Married*~~, ~~*Single*~~, ~~*Widow or*~~ *Widower,* {Cross out the words not required in this line.}

Occupation, Ship Joiner -

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Leicestershire - Eng -

Duration of Residence in the City of Baltimore, 73 years.

Place of Death, {Give street and number.} No 55 Stiles St -

Cause of Death, First (Primary,) [redacted] - Debility from Age -

Second (Immediate.) Congestion of the brain -

Duration of Last Sickness, 9 days -

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Mt Ev Rider Road Cem

Date of Burial, January 6 " 1876

Undertaker, Matthias A. Kaiser

Place of Business, 4 N. Broadway

John T. King M. D.
Medical Attendant.

Address Edmondson Ave near Carrollton Ave -

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...physicians are respectfully invited to the remarks below, and to List of Diseases on ba...

Board of Health, City of Baltimore,

Permit No. 7342

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 6 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jany 4. 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles Hiser.

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 30 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widower

Occupation, Trader

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 8 or 9 years.

Place of Death, {Give street and number.} Baltimore City Jail

Cause of Death, First (Primary,) Intemperance

Second (Immediate,) Congestion of Brain

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, E. Potters Field

Date of Burial, Jan 6th 1876

Undertaker, M. Donovan

Place of Business, 148 S. Central Av

J. W. Hinck M. D.
Medical Attendant.

Address 75 E. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 732.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 6 1876 BALTIMORE

Date of Death, Jan 4th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mrs Caroline Resch

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, 40 *Years,* 9 *Months,* *Days.*

Color, White *Sex,* Female

~~Married~~, ~~Single~~, Widow or ~~Widower~~, {Cross out the words not required in this line.} Widow

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 25 Years

Place of Death, {Give street and number.} 745 N Gilmor St

Cause of Death, {First (Primary,) Consumption

{Second (Immediate,)

Duration of Last Sickness, One Year

All the above information should be furnished by the Physician.

Place of Burial, Louden Park cemetery

Date of Burial, January 6th 1876

{*Undertaker,* H A Cook

{*Place of Business,* No 704 W Baltimore Street

Geo. C. Forbes M. D.
Medical Attendant.

Address No 9 Monroe St Bs

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 7364

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last Illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN. 6 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Tuesday Jan 4th 1876

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Williams + Elizabeth Stewart

Sex, ~~Male~~ or *Female,* { Cross out the word not required in this line. }

Age, one hour *Years,* *Months,* *Days.*

Color, Copper *Sex,* Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } No 2 Wolton Alley

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } No 2 Wolton Alley

Cause of Death, { First (Primary,) Premature Birth / Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Franklin Balt Co / G. H. Adams M. D.

Date of Burial, Thursday Jan 6th

Medical Attendant.

Undertaker, Mr Mears

Place of Business, Druid Hill Ave *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BA

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7345

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 6 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 5th 76

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wm Kane

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 20 *Years,* *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Sailor

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, many years

Place of Death, {Give street and number} Penn Ave 7 Cleveland Court

Cause of Death, First (Primary,) Coal Gas

Second (Immediate,) Asphyxia

Duration of Last Sickness,

All the above information should be furnished by the Physician

Place of Burial, Baltimore Cemetery

Date of Burial, Jan 6th 1876

Undertaker, Henry W Mears

Place of Business, 145 N Gay St

Edmund Rutter M. D.
Medical Attendant.

Address Coroners Office

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7346

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN. 6 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 5th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Nellie Morgan Graham

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 3 *Years,* 5 *Months,* 20 *Days.*

Color, White *Sex,* Female

Married, Single, ~~Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, 3 years 5 Months 20 days

Place of Death, {Give street and number.} No 109 Jefferson St.

Cause of Death, {First (Primary,) Pneumonia
{Second (Immediate,)

Duration of Last Sickness, One day

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery Wm. L. Kunst M. D.

Date of Burial, Jany 7th Medical Attendant.

{*Undertaker,* Richard Hall
{*Place of Business,* 233 E. Baltimore St. *Address* 1 Broadway & Madison St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Physicians is respectfully invited to the remarks below, and to List of Diseases on back

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7347

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 6 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 5th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Isaac Fletcher

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, Years, Months, 10 Days.

Color, White *Sex,* Male

Married, Single, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 911 Baltimore St West

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 911 West Balto st

Cause of Death, { First (Primary,) Peritonitis
{ Second (Immediate,) " "

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, W. P. Fuld

Date of Burial, Jany 6th

Undertaker, A H C Ring

Place of Business, 448 W Balto st

H. N. Shultz M. D.
Medical Attendant.

Address No 11. S. Arlington Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7848

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 6 1896 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jany 5th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henry Webster

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 21 *Years,* *Months,* *Days.*

Color, Black *Sex,*

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Seaman

Birthplace, {State or country (and how long in the United States, if of foreign birth.} — Unknown

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} Infirmary Lombard & Green Sts.

Cause of Death, First (Primary,) Scrofula

Second (Immediate,) Erysipelas

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, W. P. Fulton

Date of Burial, Jany 6th

Undertaker, H. H. & Son

Place of Business, 449 W. Balto Street

T. A. Asbury M. D.

Medical Attendant.

Address Univ Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Physicians is respectfully invited to the remarks below, and to List of Diseases on ba

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7349

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 6 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan 5: 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Matilda Graham

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 66 *Years,* — *Months,* — *Days.*

Color, White *Sex,* Female

Married, ~~Single~~, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Housekeeper

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 1,

Place of Death, {Give street and number.} 257 N. Eutaw

Cause of Death, First (Primary,) Obstruction of Hepatic with death.

Second (Immediate,) Jaundice —

Duration of Last Sickness, about 4 months

All the above information should be furnished by the Physician.

Place of Burial, Greenmount —

Date of Burial, Jany 7th 1876

Undertaker, R Keelty Jr

Place of Business, 92 Howard

J. R. Page M. D.
Medical Attendant.

Address 220 Linden Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7350

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 6 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan 2nd 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} B. Farrell

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 2 *Years,* 6 *Months,* 23 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth} Baltimore Md

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} ~~[illegible]~~ 213 Bank St

Cause of Death, {First (Primary,) Typhoid Fever

{Second (Immediate,)

Duration of Last Sickness, 6 Days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, January 7th 1876

{*Undertaker,* H. & K. Gilmore

{*Place of Business,* 341 Canton Ave. *Address*

M. J. [illegible] *M. D.*
Medical Attendant.

Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7357.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ~~accurately filled out,~~ to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 6 1876 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Jan 5th 76

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Andrew J A Harrigan

Sex, Male or ~~Female~~, {Cross out the word not required in this line,}

Age, 43 *Years,* *Months,* *Days.*

Color, white

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Carpenter

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Most of life

Place of Death, {Give street and number.} 222 N Eden St

Cause of Death, {First (Primary,) ~~Gun~~ P Incised wound
Second (Immediate,) Erysipelas (phlegmonous)

Duration of Last Sickness, 13 Days

All the above information should be furnished by the Physician

Place of Burial, Greenmount Cemetery

Date of Burial, Jan 7th

Undertaker, Thos L Hughes

Place of Business, 60 East Baltimore St *Address*

Edmd R Walker M. D.
~~Medical Attendant.~~
Coroner M. P. B.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Physicians is respectfully invited to the remarks below, and to List of Diseases on back of

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7352

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 7 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 6th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Emanuel Irone.

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 63 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Hotel Keeper

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, During Life

Place of Death, {Give street and number.} 17 Paterson Park Avenue

Cause of Death, First (Primary,) Confestive Chills

Second (Immediate,)

Duration of Last Sickness, 2 Months

All the above information should be furnished by the Physician.

Place of Burial, Balto. Cemetery

Date of Burial, January 8th 1876

Undertaker, Highee & Co

Place of Business, 65 S Broadway

James E. Donnelle M. D.
Medical Attendant.

Address 299 E. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

...physicians is respectfully invited to the remarks below, and to List of Diseases on back of ...

Board of Health, City of Baltimore,

Permit No. 7353.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 7 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 6th 1876.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } William Henry Sellers

Sex, Male or Female, { Cross on the word not required in this line. } ~~Male~~ Female

Age, 4 *Years,* 2 *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. } ~~Married~~ ~~Single~~ ~~Widow~~ ~~or Widower~~

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore Md

Duration of Residence in the City of Baltimore, 4 years 6 months

Place of Death, { Give street and number. } No 123 Eutaw St

Cause of Death, { First (Primary,) Scarlet fever

{ Second (Immediate,)

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, St Patricks Cemetery E. S. Sellers M. D.

Date of Burial, January 7th 1876 Medical Attendant.

{ *Undertaker,* H. A. Gitmyer *Address* No 3 E Eutaw St

{ *Place of Business,* 341 Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...ician is respectfully invited to the remarks below, and to List of Diseases on back of this.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7357

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 7 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 6th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Sarah Miller Sullivan

Sex, Male or Female, {Cross on the word not required in this line.}

Age, 2 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, 2 Years

Place of Death, {Give street and number.} 1015 East St

Cause of Death, {First (Primary,) Cerebral Disease

Second (Immediate,)

Duration of Last Sickness, 3 Days

All the above information should be furnished by the Physician.

Place of Burial, St Patricks Cemetery C. F. McComas M. D.

Date of Burial, January 7th 1876 Medical Attendant.

{*Undertaker,* H. H. Gilmore, *Address* No 33 East St

{*Place of Business,* 311 Eastern Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7356

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 7 1906 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jany 6, 06

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James. & Mary Nolte Parents

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, Years, — Months, 1 Days.

Color, black *Sex,* —

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 17 Parish Alley

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 17 Parish alley

Cause of Death, First (Primary,) — Cold —

Second (Immediate,) —

Duration of Last Sickness, — As I never saw the child no nothing about

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Jan 8 06

Undertaker, H H Chase

Place of Business, 641 Monument Address 581 Lexington

H L Walton M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...spectfully invited to the remarks below, and to List of Diseases on back of this.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 7356

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 7 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan 7th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Celia Hansen

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 2 *Years,* 2 *Months,* 16 ~~10~~ *Days.*

Color, Black *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Child

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, From birth

Place of Death, {Give street and number.} 188 Fayette St

Cause of Death, First (Primary,) Congestion of Brain

Second (Immediate,)

Duration of Last Sickness, Three weeks.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery Chas. Lounder M. D.

Date of Burial, Jan 8th 1876 Medical Attendant.

{*Undertaker,* Jacob Weaver Address 59 Eastern Av.

{*Place of Business,* 6 Druid Hill Av

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...SICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTI...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7357

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 7 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jany 7. 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named give names of parents.} Mary Francis Amelia

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 14 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth} Foundling

Duration of Residence in the City of Baltimore, 8 days

Place of Death, {Give street and number.} St Vincents Infant asylum

Cause of Death, First (Primary,) Atrophy

Second (Immediate,) Hydrocephaloid Convulsions 3 hours

Duration of Last Sickness, ...

All the above information should be furnished by the Physician

Place of Burial Cathedral Cemetery

Date of Burial, Jany 8. 1876

Undertaker, Sisters

Place of Business, —

Mayberry Brown M. D.
Medical Attendant.

Address 201 W. Biddle

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7358.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 7 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 7 1876

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Lloyd H Sands

Sex, Male or Female, { Cross out the word not required in this line. } Male,

Age, 70 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Widower

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Calvert Co Maryland

Duration of Residence in the City of Baltimore, 25 years

Place of Death, { Give street and number. } 497 Lexington St.

Cause of Death, { First (Primary,) Typhoid Pneumonia

Second (Immediate,)

Duration of Last Sickness, 12 Days

All the above information should be furnished by the Physician.

Place of Burial, Woodlawn Md. A Dobbs Carlton M. D.

Medical Attendant.

Date of Burial, Jan 8

{ *Undertaker,* C W Blizzard

{ *Place of Business,* Carroll & Pkwy St *Address* 243 Lexington St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

(Transit 310)

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7359.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 7 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 6th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Harry Snell

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Nearly Two *Years,* *Months,* *Days.*

Color, Colored *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Butcher

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} No 101 Swan Alley

Cause of Death, {First (Primary,) Injury by Fall

{Second (Immediate,) Pneumonia

Duration of Last Sickness, Three Days

All the above information should be furnished by the Physician.

Place of Burial, Spring Grove Cemetery C. C. Lord *M. D.*

Medical Attendant.

Date of Burial, Jan. 8th 1876

{*Undertaker,* Wm. H. Chase

{*Place of Business,* 199 W. Hoffman St *Address* 226 Madison St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...hysicians is respectfully invited to the remarks below, and to List of Diseases on back of t...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7360

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 7 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 6th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Harriet Caputo

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 85 *Years,* 8 *Months,* *Days.*

Color, White *Sex,*

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} England

Duration of Residence in the City of Baltimore, Abut 60 years

Place of Death, {Give street and number.} 77 McCulloh St

Cause of Death, {First (Primary,) / Second (Immediate,)} Angina Pectoris

Duration of Last Sickness, Abut 12 hours

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cem P. C. Williams M. D.

Date of Burial, January 8th 1876 Medical Attendant.

Undertaker, Jacob Weaver *Address* 201 Madison Ave

Place of Business, Nos 4 & 6 Druid Hill Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7361

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 7 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 6 Jan 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} David Ulterbach.

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 11 *Years,* 3 *Months,* 2 3 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Gardener

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Manchester, Carroll Co, Md.

Duration of Residence in the City of Baltimore, Nearly 3 years

Place of Death, {Give street and number.} No 44 Baker St.

Cause of Death, First (Primary,) Scrofula

Second (Immediate,) Pyaemia

Duration of Last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem.

Date of Burial, January 8th 1876

Charles A Geiger M. D.
Medical Attendant.

Undertaker, Jacob Weaver

Place of Business, No 476 Druid Hill Avenue Address No 267 Druid Hill Avenue

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

Permit No. 7362 — OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 7 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Janr 6

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Arnolena Heer

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 5'2 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Bernsburg Hessen Darmstadt

Duration of Residence in the City of Baltimore, 28

Place of Death, {Give street and number.} Lough N. 254

Cause of Death, First (Primary,) Malignant Ulcerous Tumor on Left Side of Face

Second (Immediate,) Exhaustion

Duration of Last Sickness, 8 Days.

All the above Information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery John H. Schulte *M. D.*

Date of Burial, Jan 9th 1876 Medical Attendant.

Undertaker, Henry Hochstrasser *Address* Cor Lough & Eaton

Place of Business, 246 Eastern Av

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7363,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 7 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jany 7. 76

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Geo W. McCoy

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 1 *Days.* 8

Color, White *Sex,* ———

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ———

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} U.S. Saratoga S.C.

Duration of Residence in the City of Baltimore, ———

Place of Death, {Give street and number.} ———

Cause of Death, First (Primary,) Trismus Nas-

Second (Immediate,) 3 dys

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, Jany 8th 1876

Undertaker, Hughes & Co

Place of Business, 550 W Fayette St

H. A. Calton M. D.
Medical Attendant.

Address 881 Lexington

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7364

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 7 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 7th Jan 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Carl Potter Blank

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.} Female

Age, ~~Years.~~ 6 *Months,* ~~Days.~~

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, no

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, 6 mos

Place of Death, {Give street and number.} 390 Eutaw Place

Cause of Death, {First (Primary,) Whooping Cough.
Second (Immediate,) Bronchitis, gland disease of neck.

Duration of Last Sickness, 2 weeks

All the above Information should be furnished by the Physician.

Place of Burial, Green Mt. Cemetery

Date of Burial, 9th Jany 1876

Undertaker, Chas. S. Partridge & Son *Address* 108 Park Ave

Place of Business, 16 Eight St

T. Donaldson M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7365

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 1896 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 6th 1896

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Anna Lizzie Stelle

Sex, Male or Female, {Cross out the word not required in this line.} ~~Male~~ Female

Age, Four *Years,* Two *Months,* — *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} No 248 Hamburg St

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 248 Hamburg St

Cause of Death, First (Primary,) Inflammation of Brain

Second (Immediate,)

Duration of Last Sickness, Eight Day

All the above information should be furnished by the Physician.

Place of Burial, Pulaski Cemetery

Date of Burial, Jan 8th 2 P.M.

Undertaker, W. J. Burhans

Place of Business, 65 S. Eutaw St

J. Shelby M. D.
Medical Attendant.

Address 1026 S. Eutaw St City

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...respectfully invited to the remarks below, and to List of Diseases on Ba...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7366,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 7 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 6th 76

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lucy M. Lee

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 1 *Years,* 6 *Months,* *Days.*

Color, White. *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Md.

Duration of Residence in the City of Baltimore, always

Place of Death, {Give street and number.} 149. N. Belmont.

Cause of Death, First (Primary,) Diptheria

Second (Immediate,)

Duration of Last Sickness, Eight days.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, January 8th 1876

Louis Hess M. D.
Medical Attendant.

Undertaker, Jacob Weaver

Place of Business, No 4 & 6 Druid Hill Ave

Address Cor Smith & Myrtle Av

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...ysicians is respectfully invited to the remarks below, and to List of Diseases on back.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7367

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 4th January 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Paul Bamport

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 56 *Years,* 5 *Months,* 13 *Days.*

Color, white. *Sex,* male.

Married, ~~Single, Widow or Widower.~~ {Cross out the words not required in this line.}

Occupation, Tinsmith

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 24 Years

Place of Death, {Give street and number.} 158 Orleans St.

Cause of Death, {First (Primary,) Mort. Bright.
{Second (Immediate,)

Duration of Last Sickness, ab. 2 years

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery.

Date of Burial, January 7. 1876

{*Undertaker,* Chas Koenig
{*Place of Business,* 134 E. Fayette

Address 57 Augusta.

C Mattimore M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...ysicians is respectfully invited to the remarks below, and to List of Diseases on bac...

Board of Health, City of Baltimore,

Permit No. 7368

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 7 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jany 6th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wm H. Swormstedt

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 10 *Years,* *Months,* 27. *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. Md

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 60. E Bond St

Cause of Death, First (Primary,) Scarlatina

Second (Immediate,) Asthenia

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cem

Date of Burial, Jan 8th 3 P.M.

Undertaker, Richd Hall

Place of Business, 233 E. Balto St

D. Stevenson M. D.
Medical Attendant.

Address 73 E. Pratt Stree...

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

...SICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BAC...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7369

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 7 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 7th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Harriet Lee

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 17 *Years,* *Months,* *Days.*

Color, d

~~*Married*~~, *Single,* ~~*Widow*~~ *or* ~~*Widower*~~, {Cross out the words not required in this line.}

Occupation, Chamber Maid

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} East 4 h

Cause of Death, {First (Primary,) Scarlatina Simply / Second (Immediate,) Cerebritis caused by exposure

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician

Place of Burial, Dulaney St Cemetery

Date of Burial, January 8th 1876

{*Undertaker,* John R. Locke / *Place of Business,* 67 South Howard St

E. G. Baldwin M. D.
Medical Attendant.

Address 124 N Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...ysicians is respectfully invited to the remarks below, and to List of Diseases on b...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No 7370

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 8 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 6th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary E Dammead

Sex, ~~Male~~ Female, {Cross out the word not required in this line.} Female

Age, 3 *Years,* 3 *Months,* 1 *Days.*

Color, White *Sex,* Female

~~Married~~, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} Cor Orleans & Young St

Cause of Death, {First (Primary,) Scarlatina Malegna

Second (Immediate,)

Duration of Last Sickness, three days

All the above information should be furnished by the Physician.

Place of Burial, St Vincents Cemetery D Webster Cathell M. D.

Date of Burial, Jan 8 1876 Medical Attendant.

Undertaker, James O Byrne *Address* No 8 Exeter St

Place of Business, No 63 Sno Front St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7371

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 8 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 6th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henry Lauderbin Long

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 4 *Years,* 2 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 152 West St

Cause of Death, First (Primary,) Hydrocephalus

Second (immediate,)

Duration of Last Sickness, Four & months

All the above information should be furnished by the Physician

Place of Burial, Mount Olivet

Date of Burial, Jan 9 th

Undertaker, Mosher & Denny

Place of Business, 263 Light

J. Hanaghill *M. D.*
Medical Attendant.

Address 90 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Physicians is respectfully invited to the remarks below, and to List of Diseases on ba

Board of Health, City of Baltimore,

Permit No. 7372

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 8 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 7th of Jan. 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles Edward Sweeney

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, ~~Years,~~ 3 *Months,* Five *Days.*

Color, White ~~Sex,~~

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, All its Life

Place of Death, {Give street and number.} on Philadelphia Road

Cause of Death, {First (Primary,) Acute Hydrocephalus / Second (Immediate.)

Duration of Last Sickness, About 16 days

All the above information should be furnished by the Physician.

Place of Burial, St. Patricks

Date of Burial, Sat. Jan 8/75 2 P.M.

E. P. Bons **M. D.**
Medical Attendant.

Undertaker, John Braun

Place of Business, 99 S. Wolfe St Address No. 406 E. Balto. St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

F E T Y F I L

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7373

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 8 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jany 7th 1½ o. P.M.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ada Mahoney

~~Sex, Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 19 *Years,* —— *Months,* —— *Days.*

Color, Mulatto *Sex,* Female

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, ——

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Annie Gorgis Co Md.

Duration of Residence in the City of Baltimore, 10 yrs

Place of Death, {Give street and number.} 166 S Howard

Cause of Death, First (Primary,) Consumption

Second (Immediate,)

Duration of Last Sickness, one year

All the above information should be furnished by the Physician.

Place of Burial, Mount Auburn Cemetery Rud. M. Bachman *M. D.*

Date of Burial, Jan 9th 76 Medical Attendant.

Undertaker W. H. Chase

Place of Business 118 S Howard *Address* 349 Lee

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

KODAK S·A F

...ysicians is respectfully invited to the remarks below, and to List of Diseases on ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7374

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 8 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan 7th 12 hrs M 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Eliza Barney

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 60 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Somerset Co.

Duration of Residence in the City of Baltimore, Twenty One Years

Place of Death, {Give street and number.} 48 S. Caroline St.

Cause of Death, First (Primary,) Liver, Heart & Stomach and other

Second (Immediate,) Complications

Duration of Last Sickness, Probably ten Months

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, Sunday Jan 9th 1876

James C. Donnelle M. D.
Medical Attendant.

Undertaker, M F Fry

Place of Business, Cor Broadway & Fayette *Address* 299 E. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7375

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 9 1876 BALTIMORE.

Date of Death, Jan'y 8th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Catharine Leadsuch

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 44 *Years,* — *Months,* — *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} France

Duration of Residence in the City of Baltimore, 6 years & 7 Months

Place of Death, {Give street and number.} 308½ N Pratt St.

Cause of Death, {First (Primary,) Consumption

Second (Immediate,) 6 years & 5 Mo.

Duration of Last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemetery

Date of Burial, January 9th 1876

{*Undertaker,* John Thacker

Place of Business, No 150 Camden St, *Address* Hanover Barnes

R. C. Lee M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7376

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 8 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 7th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Chas. Emory Hann

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ____ *Years,* 9 *Months,* 14 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto city

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number.} 677 W Lombard St

Cause of Death, First (Primary,) Pneumonia

Second (Immediate,) Congestion of Brain

Duration of Last Sickness, 9 days.

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemetery

Date of Burial, Jany 8th 1876

Undertaker, John S Mackey

Place of Business, ~~No~~ 150 Camden *Address* 76 Sharp St

J H Emery M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...Physicians is respectfully invited to the remarks below, and to List of Diseases on ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7377

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 8 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 5th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Richard Wilson Smith

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, — *Years,* 7 *Months,* 1 *Days.*

Color, Colored *Sex,* Male

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.} Single

Occupation, — — —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 8 Race St

Duration of Residence in the City of Baltimore, 7 mo. 1 day

Place of Death, {Give street and number.} 67 Oxford St

Cause of Death, First (Primary,) Influenza

Second (Immediate,) Pneumonia

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Jan 8th 1876

J. A. Gillis M. D.
Medical Attendant.

Undertaker, Wm P Fry

Place of Business, 65 Mulberry St *Address* 23 N. Green St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

ysicians is respectfully invited to the remarks below, and to List of Diseases on bac

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7378,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 8 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jany 6 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Nathaniel Cuttyr Green

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ~~Years,~~ 3 *Months,* 11 *Days.*

Color, *Sex,* Brown Skin

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, none

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 48 St. Mary St

Duration of Residence in the City of Baltimore, all

Place of Death, {Give street and number.} 48 St Mary St

Cause of Death, First (Primary,) Croup & Spasms

Second (Immediate,)

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Lurald Cemetery

Date of Burial, 8 Jany 1876

Undertaker, William Spry

Place of Business, Mulberry St. 45

Albert C *M. D.*

Medical Attendant.

Address N 23 Bath St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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SICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK o...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7379

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 8 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 2nd 76

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Unknown Infant

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, died shortly after birth *Years,* *Months,* / *Days.*

Color, colored

~~*Married*~~, *Single*, *Widow or Widower*, {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number} 30 L. Mc Elderry St

Cause of Death, {First (Primary,) } ~~to~~ Foul play (Verdict of Coroner's Jury
{Second (Immediate,)} Asphyxia probably

Duration of Last Sickness, —

All the above information should be furnished by the Physician

Place of Burial, E. Baltimore Fields

Date of Burial, Jan 8 1876

Undertaker, H. Donovan

Place of Business, —

Edmund R Walker M. D.
Medical Attendant.
Coroner's P. D.

Address ...

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7380

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 8 1876 BALTIMORE

Date of Death, Jan'y 8th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jno Foster

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 46 *Years,* 4 *Months,* 7 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Basket Maker

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 18 years

Place of Death, {Give street and number.} 66 Camden

Cause of Death, {First (Primary,) Consumption

Second (Immediate,) }

Duration of Last Sickness, 1 year

All the above information should be furnished by the Physician

Place of Burial, Western Cem

Date of Burial, Jan 9th 1876

R. C. Lee M. D.

Coroner ~~Baltimore~~ S. C.

{*Undertaker,* Julius Koehler

Place of Business, cor Sharp & Cross sts} *Address* Hanover & Bank sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7381

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 8 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 7 Jan 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Foster

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 60 Years, Months, Days.

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany 33 years

Duration of Residence in the City of Baltimore, 33 years

Place of Death, {Give street and number} 22 Clinton Ave

Cause of Death, {First (Primary.) Second (Immediate.)} Taking Laudanum while in a state of intoxication

Duration of Last Sickness, Sudden

All the above information should be furnished by the Physician

Place of Burial, Western Cemetery

Date of Burial, January 8

{Undertaker, J B Eich
Place of Business, 767 West Baltimore St}

Geo C Ogle Coroner M. D.
Medical Attendant.

Address 229 Cary St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7382

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 8 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 7 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Edward Elsworth Kearney

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 15 *Years,* 1 *Months,* 12 *Days.*

Color, White *Sex,* Male

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Lifetime.

Place of Death, {Give street and number.} 20 S Schroeder St.

Cause of Death, {First (Primary,) Meningitis, Second (Immediate,) 3 weeks

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, London Park Cemetery

Date of Burial, Jan 9th 1876

Undertaker, J B Cook

Place of Business, No 707 W Baltimore Street

I. N. Hanck M. D.
Medical Attendant.

Address 75 E. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The special attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on bac

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7383.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 8 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 6th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John C. Cadogan

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 3 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 228 Mulberry

Cause of Death, First (Primary,) Diphtheritic Laryngitis

Second (Immediate,)

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, St Peters cemetery Edwd F. Michaelsen M. D.

Date of Burial, Jan 8th 1876 Medical Attendant.

Undertaker, A B Cook

Place of Business, No 707 N Baltimore Street *Address* 279 W. Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of Illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7384

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT 1876 BALTIMORE

Date of Death, January 8th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mrs Pomelia Norris

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 67 *Years,* 11 *Months,* *Days.*

Color, White *Sex,* Female

~~Married, Single~~, *Widow* ~~or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 1 Oak St

Cause of Death, First (Primary,) Tuberculosis

Second (Immediate,)

Duration of Last Sickness, about one year

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Jan 10 10 Clock

Undertaker, Geo C Rodemeyer

Place of Business, 138 Eutaw St

J. B. B. Browne M. D.
Medical Attendant.

Address 307 Madison Avenue

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7385

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 5th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Fritz Righter

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 78 Years, Months, Days.

Color, White *Sex,*

~~Married, Single, Widow or~~ *Widower,* {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Holstein Germany

Duration of Residence in the City of Baltimore, 55 years

Place of Death, {Give street and number.} Aged Mens Home

Cause of Death, First (Primary,) Deforming Rheumatic Gout, 16th

Second (Immediate.) osis with Intercurrent Pleurisy Empyema

Duration of Last Sickness, 24 months

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Cemetery

Date of Burial, 9th January 1876

Undertaker, W. W. Lockins & Son

Place of Business, 16 Light St

Geo A Lapsley M. D.
Medical Attendant

Address 41 Waverly Terrace

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on bac

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7386

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 7th 1876 — 4. a. m.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Joseph Willoughby Jackson

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, Six (6) *Years,* Six (6) *Months,* Eight (8) *Days.*

Color, Colored *Sex,* Male

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Four weeks

Place of Death, {Give street and number.} #65. Stockholm

Cause of Death, {First (Primary,) Tuberculous Peritonitis
Second (Immediate,) Asthenia

Duration of Last Sickness, Two months

All the above information should be furnished by the Physician.

Place of Burial, Laurel cemetary

Date of Burial, Jan 8 " 1876

Dr. R. Jaeger M. D.
Medical Attendant.

{*Undertaker,* Jas H Davis
Place of Business, No 12 Saratoga st

Address 54 Columbia St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7387

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
1876
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 7th 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Julia Ann Smith.

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 64 *Years,* *Months,* *Days.*

Color, White. *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, 64 years

Place of Death, {Give street and number.} Madison St. No 21

Cause of Death, First (Primary,) Chronic Dysentries

Second (Immediate,) Paralysis

Duration of Last Sickness, 2 Weeks 4 days.

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, Jan 9 1876

Undertaker, J. B. Blackistone

Place of Business, 606 Baltimore *Address* 845 N. Baltimore

J. H. White M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The special attention of Physicians is respectfully invited to the remarks below, and to List of Diseases or ba

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7388,

The Physician who attended any person in a last Illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jany 8th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Robt Wesley Swormstedt

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 1 *Years,* 3 *Months,* 27 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 602 Bond St

Cause of Death, First (Primary,) Scarlatina

Second (Immediate,)

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Jan 9th 2 P.M.

Undertaker, Richard Hall

Place of Business, 233 East Balto St

P. S. Kimmerone M. D.
Medical Attendant.

Address Baltimore 73 E Pratt St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

Permit No. 7389

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT

CERTIFICATE OF DEATH.

Date of Death, January 8th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Herman H. Plumer

Sex, Male or Female, {Cross out the word not required in this line.} ~~Female~~

Age, 70 *Years,* 2 *Months,* 21 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ~~Married~~ ~~Widow~~

Occupation, Night Watchman

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 42 years

Place of Death, {Give street and number.} 49 Warren St.

Cause of Death, First (Primary,) Pneumonia

Second (Immediate,) Exhaustion

Duration of Last Sickness, about 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Jan 10th

Undertaker, Julius Koelle

Place of Business, Stough street 360

L. C. Buck **M. D.**

Medical Attendant.

Address 141 Warren St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1390

The Physician who attended any person in a last Illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 9 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan. 7th/76

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charlotte Matilda Jackson

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 15 about *Years,* *Months,* *Days.*

Color, Colored *Sex,*

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, all her life

Place of Death, {Give street and number.} Eden Court No. 4

Cause of Death, First (Primary,) consumption

Second (Immediate,)

Duration of Last Sickness, one month

All the above information should be furnished by the Physician.

Place of Burial, Lowel Cemetry

Date of Burial, Jan 9th 1876

E Lanafstone M. D.
Medical Attendant.

Undertaker, John T. Locks

Place of Business, 5 South Wolfe St *Address* 67 E. Balt-st Balt.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

the SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of th

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7391

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 3 1876 BALTIMORE

Date of Death, January 1th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ettta Eliza Symonds

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, 1 *Years,* *Months,* 3 *Days.*

Color, Mack

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, none

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balte. City

Duration of Residence in the City of Baltimore, 1 yr. 3 days

Place of Death, {Give street and number.} 29 May St

Cause of Death, {First (Primary,) / Second (Immediate,)} Pneumonia

Duration of Last Sickness, 7 Days.

All the above information should be furnished by the Physician

Place of Burial, Laurel Cemetery

Date of Burial, December 9th 1876.

Undertaker, Wm. A. Dunges

Place of Business, 164 East St.

L. L. Gunn M. D.
Medical Attendant.

Address 137 E. Eutaw St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7392.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 9 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 8 January

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Chester Fiddley

Sex, Male or ~~Female,~~ {Cross out the word not required in this line.}

Age, 61 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, ~~Single, Widow or Widower~~? {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Washington D. C.

Duration of Residence in the City of Baltimore, 27 years

Place of Death, {Give street and number.} 99 Centre St

Cause of Death, First (Primary,) Diabetes

Second (Immediate,)

Duration of Last Sickness, 2 Months

All the above information should be furnished by the Physician.

Place of Burial, Green Mt. Cemetery

Date of Burial, 10 Jan. 1876

Undertaker, Aug. W. Jenkins & Son

Place of Business, 16 Light St

W. C. Van Bibber M. D.
per G. H. B.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 7393

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 9 1876 BALTIMORE

Date of Death, Jan. 7th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Cornelius Howard

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 69 *Years,* *Months,* *Days.*

Color, white *Sex,*

~~*Married, Single, Widow,*~~ *Widower,* {Cross out the words not required in this line.}

Occupation, Ship Carpenter

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Talbot Co. Md.

Duration of Residence in the City of Baltimore, 50 years

Place of Death, {Give street and number.} 254 S. Dallas St.

Cause of Death, {First (Primary,) Organic Disease of the Heart

{Second (Immediate,)

Duration of Last Sickness, about two years

All the above information should be furnished by the Physician.

Place of Burial, W. E. Phil. Rd. Cem.

Date of Burial, Jany 9th 1876

{*Undertaker,* Matthias A. Daigle

{*Place of Business,* 74 S. Broadway

A. F. Erich M. D.

Medical Attendant.

Address 94 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on B[illegible]

Board of Health, City of Baltimore,

Permit No. 13911

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 9 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 8th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jacob Kaff

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, Fifty Three *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, ~~Single~~, ~~Widow or Widower~~, {Cross out the words not required in this line.} Married

Occupation, Merchant

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, All

Place of Death, {Give street and number.} 148 S. Fremont St

Cause of Death, First (Primary,) Bilious Typhoid

Second (Immediate,)

Duration of Last Sickness, Ten Days

All the above information should be furnished by the Physician.

Place of Burial, Hanover St. Synagogue

Date of Burial, January 10th

Undertaker, Wm Eiban

Place of Business, 101 Fayette St.

D. C. Low M. D.
Medical Attendant.

Address 226 Hulburg St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 7395 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last Illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 9 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January the 7th 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James Henry Boucher,

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 7 *Years,* 6 *Months,* 28 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore.

Duration of Residence in the City of Baltimore, Since birth.

Place of Death, {Give street and number.} No. 1 Grill St.

Cause of Death, First (Primary,) Diptheria.

Second (Immediate,)

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, January 9th

Undertaker, Michael Rourk

Place of Business, No 55 Bank

Geo. M. Sullivan. M. D.
Medical Attendant.

Address 116 Thames St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7396

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 9 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 9th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Caroline Gaither

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, 101 Years, ——— Months, ——— Days.

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation, Done nothing for 3 years.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore. 20 years.

Place of Death, {Give street and number.} 69 Chestnut

Cause of Death, {First (Primary,) old age

Second (Immediate,)

Duration of Last Sickness, 10 days.

All the above information should be furnished by the Physician

Place of Burial, East Baltimore

Date of Burial, Jan 9 1876

Undertaker, Wm Brown

Place of Business, 8 Bank St

James H Steuart M. D.
Medical Attendant.

Commissioner of Health
& Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Information from Undertaker

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7397

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 8th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Welch

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, Nine *Years,* *Months,* *Days.*

Color, White *Sex,* Female

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} City Block

Cause of Death, First (Primary,) Original

Second (immediate,) Atrophy of the Heart

Duration of Last Sickness, About six weeks

All the above information should be furnished by the Physician.

Place of Burial, McPatrick's Cemetery

Date of Burial, June 10th 1876

Lieut. Taylor *M. D.*
Medical Attendant.

{*Undertaker,* James O Byrne
Place of Business, No 63 N Front St *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...physicians is respectfully invited to the remarks below, and to List of Diseases on bac...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7398

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 15 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 8th 76

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Johna Hudson

Sex, Male or Female, { Cross out the word not required in this line. } male

Age, 8 *Years,* 11 *Months,* 7 *Days.*

Color, White *Sex,* male

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Balto Md

Duration of Residence in the City of Baltimore, since Birth

Place of Death, { Give street and number. } 226 Lamade

Cause of Death, { First (Primary,) Burn

{ Second (Immediate,)

Duration of Last Sickness, 20 hours

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral Yard Lewis McEastman *M. D.*

Date of Burial, Jan. 10, 1876 Medical Attendant.

Undertaker, McCaull Bros.

Place of Business, 131 Saratoga St. *Address* City

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7399

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 8th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Frederick Meyer

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, — *Years,* — *Months,* Nine *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 107 Frederick Av, Baltimore Md

Duration of Residence in the City of Baltimore, 9 days

Place of Death, {Give street and number.} 107 Frederick Av

Cause of Death, First (Primary,) Syphilitic poisoning (Hereditary)

Second (Immediate,) Emaciation I saw the Child only once and that only when it was dying

Duration of Last Sickness, two days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetary

Date of Burial, January 10th 1876

Undertaker, John R Poulet

Place of Business, 66 Frederick Av

J. A. L. Smithson M. D.
Medical Attendant.

584 N Eutaw St
Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7408

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan 8th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Margaret Rudel

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, Thirty four *Years,* One month *Months,* Twenty nine *Days.*

Color, White *Sex,*

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, Thirty two years.

Place of Death, {Give street and number.} Caroline & Bank Sts.

Cause of Death, First (Primary,) Parturition

Second (Immediate.) Uterine Hemorrhage

Duration of Last Sickness, About One hour and a half

All the above information should be furnished by the Physician.

Place of Burial, E. Baltimore Cemetery Milton Ave & Lloyd St *M. D.*

Date of Burial, Sunday 10th Medical Attendant.

Undertaker, Michael Krenk *Address*

Place of Business, No 35 Bank St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7401

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 10 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 7th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Hugh Kennard

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 24 *Years,* 8 *Months,* *Days.*

Color, Cd *Sex,* Male

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Musician —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, His whole life

Place of Death, {Give street and number.} 52 Park St Balt

Cause of Death, First (Primary,) Some Cold from exposure

Second (Immediate,) Consumption

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery *M. D.* M Hammond

Date of Burial, Jan 10th 1876 Medical Attendant.

Undertaker, John C Lovelow *Address* 53 N Paca St

Place of Business, No 63 Park Av

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK o[illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7402

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan 8th 76

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Samuel Nye Parkhurst

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 35 *Years,* — *Months,* — *Days.*

Color, white

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Grocer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 202 Constitution

Cause of Death, {First (Primary,) Accidentally, Thrown from wagon; Second (Immediate,) Fracture of Ribs, & Internal Injuries

Duration of Last Sickness, 8 hours

All the above information should be furnished by the Physician

Place of Burial, Green Mount

Date of Burial, Jany 10th 1876

Undertaker, Jn H Weaver

Place of Business, Fayette St

Edmund R Walker M. D.
~~Medical Attendant~~
Coroner

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7405

The Physician who attended any person in a last Illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 10 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 9th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Calvert Ellis

Sex, Male or ~~Female~~, {~~Cross out the word not required in this line.~~}

Age, 1 *Years,* 11 *Months,* *Days.*

Color, White — *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 167 Edmondson Avenue

Cause of Death, First (Primary,) Acute Hydrocephalus

Second (Immediate,)

Duration of Last Sickness, Five days —

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery J Harvey Hill M. D.

Date of Burial, Jany 10th 1876 Medical Attendant.

Undertaker, John S Meagher *Address* 119 Edmondson Avenue

Place of Business, 16 Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The special attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7404

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
JAN 10 1876
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 8th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Margret Jane Miles

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 53. *Years,* *Months,* *Days.*

Color, Black. *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 53

Place of Death, {Give street and number.} Dallas St 2.00 I

Cause of Death, First (Primary,) Bilious Remittent Fever.

Second (Immediate,) Exhaustion

Duration of Last Sickness, 9 Days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Cemetery

Date of Burial, Jan 10th 1876

John H Schultz M.D.
Medical Attendant.

Undertaker, John H. Weeks

Place of Business, 57 South Wolpert

Address Cor Longdon & Edmondson Ave Balto

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on ba

Board of Health, City of Baltimore,

Permit No. 7405 — OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 10 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jany 8th 1876

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Henry Brent

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 5 *Years,* *Months,* *Days.*

Color, Colored *Sex,*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } Dallas at 200 South

Cause of Death, First (Primary,) Scarlatina.

Second (Immediate,) Spasm & Dropsy.

Duration of Last Sickness, Four Weeks.

All the above information should be furnished by the Physician.

Place of Burial, Dallas at Fremitts

Date of Burial, Jan 10th 1876

Undertaker, John H. Sacks

Place of Business, 59 South High st

John E. Schmidt, M. D.
Medical Attendant.

Address Cor Dougl & Edmonds

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The special attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7406

The Physician who attended any person in a last Illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 10 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January the 8 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Louisa Wolf.

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 55. *Years,* 6 *Months,* *Days.*

Color, White *Sex,*

Married, ~~Single,~~ Widow or ~~Widower,~~ {Cross out the words not required in this line.}

Occupation, O.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, About five Year

Place of Death, {Give street and number.} Gay St. No. 267

Cause of Death, First (Primary,) /

Second (Immediate,) Parrallais,

Duration of Last Sickness, One Month

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery John D. Tilson, M. D.

Date of Burial, Jan 11th/76 Medical Attendant.

Undertaker, Geo. Schilling

Place of Business, cor Eastern Ave & Monument St *Address* 77 N. Eden

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on ba

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7407

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 10th January 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Anne Whitehead

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 48 *Years,* *Months,* *Days.*

Color, *Sex,*

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Talbot County Md

Duration of Residence in the City of Baltimore, 20 years

Place of Death, {Give street and number.} No 281 McDonough St

Cause of Death, First (Primary,) Dysentary

Second (Immediate,)

Duration of Last Sickness, 5 weeks

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery Wm. L. Powell M. D.

Date of Burial, Jan 12/76 Medical Attendant.

Undertaker,

Place of Business, 54 N Broadway *Address* Broadway & Fredk St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

F I L M

...spectfully invited to the remarks below, and to List of Diseases on Ba...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7408

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 10 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jany 9th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary E Riston

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.} Female

Age, 41 *Years,* 5 *Months,* *Days.*

Color, White *Sex,* Female

Married, ~~Single, Widow or Widower~~ {Cross out the words not required in this line.} Married

Occupation, wife —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 8 years

Place of Death, {Give street and number.} 16 S. Carrollton Ave

Cause of Death, First (Primary,) Phthisis

Second (Immediate,) "

Duration of Last Sickness, 1 year

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, Jan 11th "/76

Thomas Opie M. D.
Medical Attendant.

Undertaker, Jos Loane

Place of Business, 568 W. Baltimore St *Address* 396 W. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

SAFETY

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7409

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 10 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan'y 9th 1876

Full Name of Deceased, {Write legibly and spell correct'y. If an infant not named give names of parents.} Timothy Carroll Broderick

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, —— *Years,* 2 *Months,* 7 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word is not required in this line.} ——

Occupation, ——

Birthplace, {State or country (and how long in the United States, if of foreign birth} Balto. City Md since birth

Duration of Residence in the City of Baltimore.

Place of Death, {Give street and number} No 223 S. Paca St.

Cause of Death, {First (Primary.) Accidentally Second (Immediate,) Smothered

Duration of Last Sickness, ——

All the above information should be furnished by the Physician

Place of Burial, Mt. Olivet Cemetry

Date of Burial, the 10th January 1876.

R. C. Lee M. D. Coroner S. D.

{*Undertaker,* P. P. Dill
{*Place of Business,* 183 Columbia St. Address N. W. cor Hanover & Barre sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

KODAK

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7410

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, carefully filled *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 10 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 9th. 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Robt N. Stevenson

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 4 *Years,* *Months,* *Days.*

Color, White *Sex,* Male.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt. Md.

Duration of Residence in the City of Baltimore, Since birth.

Place of Death, {Give street and number.} 67 S. Edew St.

Cause of Death, First (Primary,) Scarlet Fever.
Second (Immediate,) Congestion.

Duration of Last Sickness, Three weeks

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery G. Glanville, Rusk M. D.
Medical Attendant.

Date of Burial, Jany 11th

Undertaker, H. Diffel

Place of Business, S. Bond St. 151 *Address* Balt & Washington, a

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7411

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, properly filled out, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 10 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 9th 76.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} David Ross.

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 29 *Years,* — *Months,* *Days.*

Color, Colored.

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Needle Maker

Birthplace, {State or country (and how long in the United States, if of foreign birth)} Sheffield Yorkshire England.

Duration of Residence in the City of Baltimore, 20 Years.

Place of Death, {Give street and number.} No 23 East al

Cause of Death, First (Primary,) Typhoid Pneumonia (double)

Second (Immediate,) —

Duration of Last Sickness, two weeks.

All the above information should be furnished by the Physician

Place of Burial, Saltpetre farm Balto Co

Date of Burial, January 11th 1876

Luther Hamman M. D.
Medical Attendant.

Undertaker, Jno P Byrne

Place of Business, 63 N Frmnt St — *Address* 83 E P[illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

(Transit 319)

[OVER.]

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7413

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 10 1886 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 8 Jan 86

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Gracie Ann Sellers

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 5 *Years,* *Months,* *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 218 Aliceanna St

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 19 Mullikin St

Cause of Death, First (Primary,) Second (Immediate,) Pneumonia

Duration of Last Sickness, Five months

All the above information should be furnished by the Physician.

Place of Burial, Loudon Cemetery

Date of Burial, January 11th 1886

Undertaker, William A. Dungan

Place of Business, 130 Old Town

J. H. Gundry M. D.
Medical Attendant.

Address 132 Aliceanna St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7413

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 10 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 8th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Brown

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 32 *Years,* *Months,* *Days.*

Color, Black *Sex,*

Married, ~~Single,~~ ~~Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Washerwoman

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Anne Arundel County Md

Duration of Residence in the City of Baltimore, 8 years

Place of Death, {Give street and number.} 64 N Durham St

Cause of Death, {First (Primary,) Heart Disease

{Second (Immediate,)

Duration of Last Sickness, 4 months

All the above information should be furnished by the Physician.

Place of Burial, Loane Cemetery Wm. P. Russell M. D.

Date of Burial, Jan 10 1876 Medical Attendant.

{*Undertaker,* William A Dunn

{*Place of Business,* N 104 East St *Address* Broadway & Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK O[illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7414

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 10 [illegible] BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 9th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles Jacob Mackin

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, *Years,* One *Months,* One *Days*

Color, ed

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Lit. McElderry st. No 41

Cause of Death, {First (Primary,) Congenital Brain Malady
Second (Immediate,) Convulsions

Duration of Last Sickness, One Month & One day

All the above information should be furnished by the Physician

Place of Burial, Laurel Cemetery

Date of Burial, Jan 11th 1876

Undertaker, William C. Lungren

Place of Business, No 124 East St

E. G. Baldwin *M. D.*
Medical Attendant.

Address 124 N Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back

Board of Health, City of Baltimore,

Permit No. 7415

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 10 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 10th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Susanna Steigers

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 77 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Dont Know

Duration of Residence in the City of Baltimore.

Place of Death, {Give street and number.} Inst. Little Sisters of the Poor

Cause of Death, First (Primary,) Paralysis

Second (Immediate,)

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, St. Ventents

Date of Burial, Jan 11th 1876

Undertaker, H. Schultheis

Place of Business,

Jno. Brooke Boyle M. D.
Medical Attendant.

Address 174 E Eager St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on ba

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7416

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 10 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 9 — 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Cummings

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Seventy seven *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland County Tyrone

Duration of Residence in the City of Baltimore, Forty-three years

Place of Death, {Give street and number.} No 4 N Sharp St

Cause of Death, First (Primary,) old age

Second (Immediate,) Cerebral Debility

Duration of Last Sickness, About ten days

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral Cemetery

Date of Burial, Jan 11th 1876

Undertaker, Hughes & Co

Place of Business, 550 Fayette St. *Address* 89 Mulberry St

P. G. Keen *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on ba

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7417.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 10 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 9th 1876

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Thomas Henry Fowler

Sex, Male ~~*or Female,*~~ { Cross out the word not required in this line. } Male

Age, Twenty one *Years,* Nine *Months,* Eighteen *Days.*

Color, White *Sex,* Male

Married, Single, ~~*Widow or Widower,*~~ { Cross out the words not required in this line. } Single

Occupation, Gilder

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Balt

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } Penn st No 42

Cause of Death, { First (Primary,) Consumption

Second (Immediate,)

Duration of Last Sickness, one Year

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, Jan 11 1876

J H R Wolfe M. D.
Medical Attendant.

{ *Undertaker,* J. B. Blakistone & Son *Address* 26 West Lombard st
{ *Place of Business,* 606 Balt st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on ba

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7418

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTRAR'S DEPARTMENT JAN 10 1896 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 10th. 1896.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie May Diggs

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 3 *Years,* 9 *Months,* 17 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt. Md.

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and number.} S. Edenst.

Cause of Death, First (Primary,) Scarlet Fever

Second (Immediate,) Acute attack of "Bright's" disease

Duration of Last Sickness, Three weeks.

All the above information should be furnished by the Physician.

Place of Burial, Balto Cem

Date of Burial, Jan. 11th 1896

Undertaker, M A Daiger

Place of Business, 414 E. Broadway

G. Glanville, M. D.
Medical Attendant.

Address Balt. Wash. Co.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on ba

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7419

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

BOARD OF HEALTH
CITY
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 10th 1 P.M. 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Emma Stasl Matilda Heine

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 3 *Years,* 11 *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 316 Bank St.

Cause of Death, First (Primary,) Chronic Croup.

Second (Immediate,)

Duration of Last Sickness, 5 Days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, Jan 11th 1876

Undertaker, Henry Frechlich

Place of Business, 246 Eastern Av

James E. Donnelle M. D.
Medical Attendant.

Address 299 E Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

The Special attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on ba

Board of Health, City of Baltimore,

Permit No. 7420

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 11 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jany 11th 76

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Rustow

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.} Female

Age, 6 *Years,* 9 *Months,* *Days.*

Color, White *Sex,* Female

~~*Married*~~, *Single*, ~~*Widow or Widower*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Butte

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 16 S Camden Ave

Cause of Death, First (Primary,) Scarlet Fever

Second (Immediate,) "

Duration of Last Sickness, Four days

All the above Information should be furnished by the Physician.

Place of Burial, Mount Olivett

Date of Burial, Feb 11th 1876

Undertaker, Jos. Lane

Place of Business, 568 W Balto St

Thomas Opie M. D.
Medical Attendant.

Address 396 W Fayette

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

THE SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BA

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7421

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan 10th 1876 (Parent

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ed & Mary Kendrick

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, — *Years,* — *Months,* 2 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore. Life

Place of Death, {Give street and number.} 188 Green Mount ave

Cause of Death, First (Primary,) —

Second (Immediate,) Asthma

Duration of Last Sickness, —

All the above information should be furnished by the Physician

Place of Burial, Holy Cross Cem

Date of Burial, Jan 11th 1876

Undertaker, J. L. Rockenmayer

Place of Business, —

Name of Attending Physician or Coroner, James A Steuart M. D.

Address Commiss of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Mrs Hellegebet Midwife

[OVER.]

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on B[illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7422

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 11 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 10th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Alice Lynch

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 5 *Years,* — *Months,* — *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line}

Occupation,

Birthplace, {State or country (and how long in the United States if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore. Life

Place of Death, {Give street and number} 281 N. Eden St

Cause of Death, {First (Primary.)} {Second (Immediate.)} Scarlet Fever

Duration of Last Sickness, one Months

All the above information should be furnished by the Physician

Place of Burial, Loudon Park

Date of Burial, Jan 11 1876

Undertaker, Geo C. Rodewig

Place of Business, 38 Eastern Av *Address* 26 Franklin St

J. H. Patterson M. D.
Medical Attendant.
Mt Vernon
Franklin St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of Illegitimate children.

[OVER.]

The special attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on ba

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7423

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 11 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 19th 1876

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents } William Shultz

~~*Sex, Male or Female,*~~ { Cross out the word not required in this line. }

Age, ~~Years,~~ 5 *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } 180 S. Caroline

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 180 S. Caroline

Cause of Death, { First (Primary,) Inflammation of bowels
Second (Immediate.) }

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County R. M. Mansfield M. D.

Date of Burial, January 11 Medical Attendant.

Undertaker, Sheridan Disposal *Address* 117 S. Broadway

Place of Business, E. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on bac

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 74424

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 11 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan. 10th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John M. Hooper.

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 34 *Years,* — *Months,* — *Days.*

Color, — *Sex,* Male.

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Carpenter

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 43 Henrietta St.

Cause of Death, {First (Primary,) Phthisis Pulmonalis
Second (Immediate,) Haemoptysis

Duration of Last Sickness, 13 or 14 months

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet Cemetery R. L. H. Tall M. D.
Medical Attendant.

Date of Burial, Jany 12th 1876

Undertaker, J. Smith Wachter *Address* 158 S. Sharp St.

Place of Business, 46 150 Camden

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on ba[illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7425

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 11 376 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 10th 96

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Edna May Culp

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 6. *Years,* 6 *Months,* 21 *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 814 N. Bryon

Cause of Death, First (Primary,) Congestive Chill

Second (Immediate,)

Duration of Last Sickness, one day

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, January 11

Undertaker, J. B Cook

Place of Business, 107 West Baltimore St

A. P. Layton *M. D.*
Medical Attendant.

Address 343 Lexington St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No.

THE SPECIAL ATTENTION OF PHYSICIANS IS RESPECTFULLY INVITED TO THE REMARKS BELOW, AND TO LIST OF DISEASES ON BACK OF THIS

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7426

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

JAN 11 1876 BALTIMORE

Date of Death, January 10th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Manning

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, ~~ Years, Nine Months, - fourteen - Days.

Color, White

~~Married, Single, Widow or Widower~~, {Cross out the words not required in this line.}

~~Occupation~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} No 901 Alicanna St

Cause of Death, First (Primary,) Loss of the Mother

Second (Immediate,) Inanition

Duration of Last Sickness, Six Months

All the above information should be furnished by the Physician

Place of Burial, Family St. Cemetery

Date of Burial, January 11th 1876

Undertaker, John C. Schuck

Place of Business, No 265 Alicanna St

Thomas P. Evans M. D.
Medical Attendant.

Address No 18 Jackson Square

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK

Board of Health, City of Baltimore,

Permit No. 7427

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPT. JAN 11 1876 BALTIMORE

Date of Death, Jany 11th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Emma Virginia Krause

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, (2) Twenty one *Years,* Two (2) *Months* Twenty five (25) *Days.*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} N° 250 North Carolina St

Cause of Death, {First (Primary.)} Bright's disease - Acc[ess] of lungs & {Second (Immediate.)} Dropsical effusion Dilation of heart

Duration of Last Sickness, one year

All the above information should be furnished by the Physician

Place of Burial, Balto Cemt

Date of Burial, Jan 13 - 1876

Undertaker, John I Rodemayer Sr

Place of Business, N E cor Fremont & Ann [illegible] St

A Hartman M.D.
Medical Attendant.

Address 305 N Carolina St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children

[OVER.]

The special attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on ba

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7428

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 11 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 11th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} August Hildebrand

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 4 *Years,* 11 *Months,* 11 *Days.*

Color, White *Sex,* M

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 28 Hamstead st

Cause of Death, First (Primary,) Scarlet Fever

Second (Immediate,)

Duration of Last Sickness, 12 days

All the above information should be furnished by the Physician.

Place of Burial, Hebron County

Date of Burial, Jan 12/76

Undertaker, Ch Bossieux

Place of Business, 136 E Fayette

J Ridgway Porter *M. D.*
Medical Attendant.

Address Nor 28 Balto st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back o

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7429.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPT. JAN 11 1876 BALTIMORE

Date of Death, Jan 9th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Maria Lennon

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, 38 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland. 10 years

Duration of Residence in the City of Baltimore, 10 years

Place of Death, {Give street and number.} 110 Third St

Cause of Death, { First (Primary,) Pulmonary Consumption
Second (Immediate.)

Duration of Last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery — Edwd F. Nicholson M. D.
Medical Attendant.

Date of Burial, Jan 11 1876

{ *Undertaker,* James P. Byrne
{ *Place of Business,* No 684 Front St — *Address* 229 W. Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7430

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 11 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 10th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ubella Grayson

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, *Years,* 8 *Months,* 4 *Days.*

Color, Black *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 64 St Marys St

Cause of Death, First (Primary,) Chronic Pneumonitis

Second (Immediate,)

Duration of Last Sickness, Four (4) months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, January 11th 1876

Undertaker, Wm James Gray

Place of Business, 65 Madison St

W W Dohm *M. D.*
Medical Attendant.

Address 192 Park St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

No

The Special Attention of Physicians is respectfully invited to the remarks below. and to List of Diseases on back

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7431

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 11 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 9th 1876

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Andrew A. Pierce

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, 42 *Years,* *Months,* *Days.*

Color, W *Sex,*

Married, ~~Single, Widow or Widower~~, { Cross out the words not required in this line. }

Occupation, Seaman

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Berkley Mass.

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } Schooner A. W. Parker

Cause of Death, { First (Primary,) Heart Disease / Second (Immediate,)

Duration of Last Sickness, Sudden Death

All the above information should be furnished by the Physician.

Place of Burial, Berkley Mass

Date of Burial,

Undertaker, Thos L Hughes

Place of Business, 40 E Pratt *Address*

Chas M. Morfit M. D.
~~Medical Attendant.~~
Corner E. District

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

No.

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of th

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7432

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 10 January 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Eugenie

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, ... *Years,* ..... *Months,* 14 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line}

Occupation,

Birthplace, {State of country (and how long in the United States, if of foreign birth} Foundling.

Duration of Residence in the City of Baltimore, 11 days

Place of Death, {Give street and number.} St Vincents Infant Asylum.

Cause of Death, First (Primary,) atrophy

Second (Immediate,) Hydrocephaloid Convulsions

Duration of Last Sickness, 12 hours

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, Jany 12. 1876

Undertaker, Sisters

Place of Business, Institute

Mahony Brewer M. D.
Medical Attendant.

Address 201 N. Biddle St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No.

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7433.

The Physician who attended any person in a last Illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 11 January 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ... *Years,* ..... *Months,* 11 *Days.*

Color, ...

Married, Single, Widow or Widower, {Cross out the words not required in this line.} .....

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Foundling

Duration of Residence in the City of Baltimore, 9 days

Place of Death, {Give street and number.} St Vincents Infant Asylum

Cause of Death, {First (Primary,) atrophy
Second (Immediate,) Hydrocephaloid convulsions
6 hours

Duration of Last Sickness, ...

All the above information should be furnished by the Physician

Place of Burial, Cathedral cemetery

Date of Burial, Jany 12. 1876

Undertaker, Sisters

Place of Business, Institution

Marbury Brewer *M. D.*
Medical Attendant.

Address 201 W. Biddle St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7434

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 11 1876 BALTIMORE

Date of Death, January 9th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Edward [illegible]

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 6 *Years,* 6 *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number.} 125 Eden St

Cause of Death, First (Primary,) Scarlet Fever,

Second (Immediate,)

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, St. Patricks Cimitery

Date of Burial, January 12th 1876

Undertaker, H. K. Gilmeyer

Place of Business, 341 Eastern Ave, *Address* 33 East St

[illegible] & Williams M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7435

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 12 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Tuesday Jan 11th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary F. Johnson

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 2 *Years,* — *Months,* — *Days.*

Color, Colored *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, 2 years

Place of Death, {Give street and number.} 106. North St

Cause of Death, First (Primary,) Tuberculosis

Second (Immediate,) Pneumonitis

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, January 12th 1876

Undertaker, Wm. H. Dunger

Place of Business, No 104 East St.

E Jennings Mitchell M. D.
Medical Attendant.

Address 57 N Calvert St
Baltimore Md

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of ti...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7436

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. REC'D JAN 12 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 6 A.M. January 2nd 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sophia Chew

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, Sixty five *Years,* unknown *Months,* dito *Days.*

Color, Colored *Sex,* Female

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Eastern Shore of Md

Duration of Residence in the City of Baltimore, Sixty Years

Place of Death, {Give street and number.} S Philpot alley

Cause of Death, First (Primary,) Pleurisy

Second (Immediate,)

Duration of Last Sickness, Thirteen days

All the above information should be furnished by the Physician.

Place of Burial, Asbury Evergreen Cemetery

Date of Burial, January 12th 1876

Undertaker, William A. Dugan

Place of Business, 110 10½ East St

A Legg Shertzer M. D.
Medical Attendant.

Address 117 2 Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

No.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7437

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 12 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 8th. 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Henry Daily

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Five *Years,* *Months,* *Days.*

Color, Colored *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Howard County Md

Duration of Residence in the City of Baltimore, Two Months

Place of Death, {Give street and number.} No. 165 Raborg Street

Cause of Death, {First (Primary,) Croup extended to Bronchia / Second (Immediate,)

Duration of Last Sickness, Day & 8.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Jan 12. 76

{*Undertaker,* C H Chase / *Place of Business,* 196 W Hamburg st

Chas M. Huff M. D.
Medical Attendant.

Address 306 N. Eutaw Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No.

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7438

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 12 1876

CERTIFICATE OF DEATH.

Date of Death, Baltimore January 10th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Richard H Bank

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Twenty one *Years,* Four *Months,* *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth} Baltimore Maryland

Duration of Residence in the City of Baltimore, Resident

Place of Death, {Give street and number} No 816 Eutaw St

Cause of Death, First (Primary,) Exposure

Second (Immediate,) Phthisis and Hydrothorax

Duration of Last Sickness, one Year

All the above information should be furnished by the Physician

Place of Burial, Laurel Cemetery

Date of Burial, Jan 11th 76

Undertaker, W H Chase

Place of Business, 1713 Harford Av

L. D. Dyer *M. D.*
Medical Attendant.

Address No 146 Hill St Baltimore Md.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK

Board of Health, City of Baltimore,

Permit No. 7439

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 12 1876 BALTIMORE

Date of Death, Jan. 11th. 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Jane Cates

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 62 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give street and number.} No. 19 Marion St. Place

Cause of Death, {First (Primary.) / Second (Immediate.)}

Duration of Last Sickness, 3 Days

All the above Information should be furnished by the Physician.

Place of Burial, St Patrick's Cemetery

Date of Burial, Jany 13th 1876

Undertaker, Hughes & Co

Place of Business, 65 & 67 Broadway

Address

M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7449

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased person, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 11th January 1876 5 o'clock afternoon.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Glaeser

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 3 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore. during lifetime.

Place of Death, {Give street and number} E. Faye Street No 165

Cause of Death, {First (Primary.) Hydrocephalus chronicus. Second (Immediate.) Convulsiones.

Duration of Last Sickness, 4 days.

All the above information should be furnished by the Physician

Place of Burial. Baltimore Cemetery

Date of Burial, Jan 13. 1876

Undertaker, Chas Stewart

Place of Business, 136 E Fayette

William Henkel M. D.
Medical Attendant.

Address S. Wolfe St. 117.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7441.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 12 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jany 11. 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Fannie Bell Swanstedt

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 5 *Years,* 11 *Months,* 21 *Days.*

Color, White *Sex,*

Married, Single, ~~Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, o

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, From Birth

Place of Death, {Give street and number.} 60 South Bond St

Cause of Death, {First (Primary,) Scarlet fever

{Second (Immediate,)

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, Jan 12 2 P M

E. T. Way M. D.
Medical Attendant.

{*Undertaker,* Richard Neal

{*Place of Business,* 233 E Baltst *Address* 195 Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7454

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 12 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jany 11th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Saml J. Lee

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 1 *Years,* 11 *Months,* — *Days.*

Color, ~~Sex~~ Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 3 Months

Place of Death, {Give street and number.} 67 Leat Wall St.

Cause of Death, First (Primary,) Accidental fall

Second (Immediate,) Spasms

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Jan 12th 1876

Undertaker, John B. Williams

Place of Business, 167 Lee St

R. C. Lee M. D.
Medical Attendant.

N. W. cor
Address Hanover & Barre Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on bac

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7445

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. JAN 2 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 10

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Shill

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 50 *Years,* *Months,* *Days.*

Color, white *Sex,*

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Infirmary Balto City

Cause of Death, First (Primary,) Concussion of brain

Second (Immediate,)

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, W. D. Field

Date of Burial, Jan 12th

Undertaker, M & C Berry

Place of Business, 418 W Baltimore st.

R. B. Morrison M. D.
Medical Attendant.

Address University Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

E T Y ▲ F I L M

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7 1 6 1 6 7

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 12 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 11th 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Josephine Hohman

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ____ *Years,* 2 *Months,* 7 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt. Md.

Duration of Residence in the City of Baltimore. Since birth

Place of Death, {Give street and number} 12 S. Caroline

Cause of Death, {First (Primary,) Premature birth / Second (Immediate,) Exhaustion

Duration of Last Sickness, Since birth

All the above information should be furnished by the Physician

Place of Burial, St. Joseph Cem

Date of Burial, Jan. 12/76 2 P.M.

Undertaker, John Perrin

Place of Business, 770 Wolfe

H. Manville Lusk M. D.
Medical Attendant.

Address Balt & Wash. Rds.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

D A K S A F E

No. 1945

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

Permit No. 74445

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 2 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 11th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sophia Caroline Klotzsch

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, One (1) *Years,* one (1) *Months,* Eight (8) *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth)} Balto. City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} No. 738 S. Broadway

Cause of Death, {First (Primary,) Diphtheria.

{Second (Immediate,)

Duration of Last Sickness, Fourteen (14) days

All the above information should be furnished by the Physician

Place of Burial, Trinity Luth.

Date of Burial, Jan 13th 1876

{*Undertaker,* H. Köhler

{*Place of Business,* 24 E. Lombard

L. L. McKenzie M. D.
Medical Attendant.,

Address 69 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 7436

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7436

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 12 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 11th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Louisa Shier

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 38 *Years,* 7 *Months,* 24 *Days.*

Color, white *Sex,* female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 348 N. Durham St.

Cause of Death, First (Primary,) Phthisis pulmonalis.

Second (Immediate,)

Duration of Last Sickness, about 2 months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery Chas. J. Kluber M. D.

Date of Burial, January 13th 1876. Medical Attendant.

Undertaker, Wm. H. Hickman

Place of Business, 234 S. Gay St. *Address* 232 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 7117

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7117

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 13 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, ~~Do~~ January 12th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles Hanake

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, *Years,* Nine *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, 9 mos

Place of Death, {Give street and number.} 218 Hamburg st

Cause of Death, First (Primary,) Dentition

Second (Immediate,) Convulsions

Duration of Last Sickness, 1 hour

All the above information should be furnished by the Physician.

Place of Burial, Sant Alfonsus Cemetry

Date of Burial, January 12

Undertaker, J Kohler

Place of Business, 69 Sharp & Cross St

O. A. Cooke *M. D.*
Medical Attendant.

Address Cor. Lee & Hanover sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 7418

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7418

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 13 1876 BALTIMORE

Date of Death, January 11th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Dunn

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 45 *Years,* ——— *Months,* ——— *Days.*

Color, White *Sex,* Male

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Miller

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 35 Years

Place of Death, {Give street and number.} 180 E. Lee St

Cause of Death, {First (Primary,) Pulmon. Consumption

{Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, H. Patrick Cemetery

Date of Burial, Jan 13 1876

{*Undertaker,* James V Byrne

{*Place of Business,* No 63 Hanover St

S. O'Connor M. D.

Medical Attendant.

Address 534 W. Hoffman

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTIC...

Permit No. 7449

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 13 1876 BALTIMORE.

Date of Death, Jany 11th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Joseph Brown

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 78 *Years,* 4 *Months,* *Days.*

Color, White *Sex,*

~~*Married, Single, Widow*~~ *or Widower,* {Cross out the words not required in this line.}

Occupation, Retired

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Unknown

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 615 N. Fayette

Cause of Death, {First (Primary,) Peritonitis + Cystitis -

{Second (Immediate,)

Duration of Last Sickness, Four weeks

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery, Jno Neff M. D.

Date of Burial, 14 Jany 1876 Medical Attendant.

{*Undertaker,* A.M. Tebbins & Son

{*Place of Business,* 16 Light St, *Address* 558 W. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 7150

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7450

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 13 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan 12th 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ellen B Buchanan,

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 69 *Years,* 8 *Months,* *Days.*

Color, *Sex,*

Married, ~~Single,~~ *Widow or* ~~Widower,~~ {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Albemarle County Virginia

Duration of Residence in the City of Baltimore, Ten years

Place of Death, {Give street and number.} Park Ave 198.—

Cause of Death, {First (Primary,) Softening of Brain.—
Second (Immediate.)

Duration of Last Sickness, Two years.

All the above information should be furnished by the Physician.

Place of Burial, Westminster Cemetery Green & Fayette

Date of Burial, 14th January 1876

Henry Stuart M. D.
Medical Attendant.

Undertaker, H & W Deaktins & Son

Place of Business, 16 Light St Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this

Board of Health, City of Baltimore,

Permit No. 7451.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 11th 76

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents } Bridgett Moyran

Sex, ~~Male or~~ Female, { Cross out the word not required in this line. }

Age, 40 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, ~~Single, Widow or Widower~~, { Cross out the words not required in this line. }

Occupation, Housework

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Ireland

Duration of Residence in the City of Baltimore, 12 Years

Place of Death, { Give street and number. } Cor Constitution & Eager

Cause of Death, { First (Primary,) Pthisis Pulmonalis
{ Second (Immediate.)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, old Cathedral Cem Geo B. Reynolds M. D.
Medical Attendant.

Date of Burial, Jan 13th 1876

Undertaker, Mahr & Screven *Address* 34 N. Calvert

Place of Business, 271 E. Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 7452

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7452

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 11 1876

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Alice McFaul

~~Sex, Male or~~ *Female,* { Cross out the word not required in this line. }

Age, 3 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, Single, ~~Widow or Widower~~ { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Bacts

Duration of Residence in the City of Baltimore, 3 years

Place of Death, { Give street and number. } Corner Edgar & Constitution -

Cause of Death, { First (Primary,) Dental fever
Second (Immediate,) Asthenia

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, old Cathedral burn W. G. Hamilton M. D.

Medical Attendant.

Date of Burial, Jan 13th 1876

Undertaker, Chas. J. Scriven *Address*

Place of Business, 271 St Eutaw st by Cantler

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 11353

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 7453

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or coroner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. JAN 13 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jany 12 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} W^m Lynch

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 9 *Months,* *Days.*

Color, W^

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, 21 Months

Place of Death, {Give street and number.} 259 N Eden St

Cause of Death, {First (Primary,) / Second (Immediate,)} Scarlet fever

Duration of Last Sickness, about one Month

All the above information should be furnished by the Physician

Place of Burial, Fowden Park

Date of Burial, Jany 13

Undertaker, Geo C Kolenmayer

Place of Business, Eutaw St

J. H. Patton M. D.
Medical Attendant.

Address 23 Franklin Sq

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 7 4 5 4

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7 4 5 4

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 13 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 12th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Helen Stabler

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, *Years,* 20 *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Linden Ave 285

Cause of Death, First (Primary,) Diphtheria

Second (Immediate,)

Duration of Last Sickness, Ten days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Thomas Shaw M. D.

Date of Burial, Jan 18th 1876 Medical Attendant.

Undertaker, Thos Godey & Co

Place of Business, Hanover St Address 97 & Charles St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 7533

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7453

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 13 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 12th 76

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary S. Bates Simonds

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 2 *Years,* 1 *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Cor. Pt. Lane & Aisquith st

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} N. E. Cor. Biddle & Canal sts

Cause of Death, First (Primary,)

Second (Immediate,) Pneumonia

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Bellevue Cemetery

Date of Burial, Jan 15th 76

Undertaker, Geo. Schilling

Place of Business, Cor Eagle & Monument sts

Jno. Brooke Boyle M. D.
Medical Attendant.

Address 174 E. Eager st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 7456

The Special Attention of [illegible] respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7456

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 13 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 12. Januar 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Franz Wilhelm Heinrich Traupe.

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 2 *Months,* 4 *Days.*

Color, white *Sex,* male

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

~~*Duration of Residence in the City of Baltimore,*~~

Place of Death, {Give street and number.} No. 301 Madison St. near Broadway

Cause of Death, First (Primary,) [illegible]
Second (Immediate,) Dentitio difficilis.

Duration of Last Sickness, 8 ~~Days~~ days.

All the above information should be furnished by the Physician.

Place of Burial, Emanuels Cemetery

Date of Burial, January 16th 1876

Robert Smithson M. D.
Medical Attendant.

Undertaker, [illegible]

Place of Business, 38 Central St. *Address* 42. N. Broadway.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 7457

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7457

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 13 1876 BALTIMORE

Date of Death, January 13

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Geo W Buchanan

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 5 year *Years,* three *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, during life

Place of Death, {Give street and number.} 524 S. Exeter St

Cause of Death, First (Primary,) Scarlet fever

Second (Immediate,) three days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Bath St Cemetery D. Steinmann M. D.

Medical Attendant.

Date of Burial, Jan 14th 1876

Undertaker, Thos J Hughes *Address* Baltimore

Place of Business, 110 E Balto

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

No. 7[illegible]

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7458

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 13 1876 BALTIMORE

Date of Death, Jan 12 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sidilla Gibb

Sex, ~~Male or Female,~~ {Cross out the word not required in this line.}

Age, — *Years,* 4 *Months,* — *Days.*

Color, Brown

Married, Single, Widow or Widower {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 321 Hanbury St

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 321 Hanbury St

Cause of Death, {First (Primary,) Second (Immediate,)} Gastritis

Duration of Last Sickness, 15 days

All the above information should be furnished by the Physician

Place of Burial, Laurel Cemetery

Date of Burial, Jan 16 76

Undertaker, J. H. Chase

Place of Business, 183 W. Hoffman St

Geo. H. Benson M. D.
Medical Attendant.

Address 414 Hanover St City

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7459

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 13 1876

Date of Death, Jan 13th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Amasa Linthicum

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 24 *Years,* — *Months,* — *Days.*

Color, White *Sex,* Male

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} Single

Occupation, Clerk

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Anne Arundel Co Md

Duration of Residence in the City of Baltimore, Seven years

Place of Death, {Give street and number.} 540 N Lombard St

Cause of Death, First (Primary,) Typhoid condition, the result of

Second (Immediate,) drink, with Inflammatory Rheumatism.

Duration of Last Sickness, Six days —

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery W S. Kegeler M. D.

Date of Burial, January 15 Medical Attendant.

Undertaker, J B Cook

Place of Business, 707 W Pratt Baltimore *Address* 17 N Calhoun St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 7460

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7460

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 13 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 13th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John H. Fishback

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 5 *Years,* 8 *Months,* 9 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 198 Cross

Cause of Death, First (Primary,) Rheumatism

Second (Immediate,) Typhoid Fever

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, Jan 15th 1875

Theodore Fritz *M. D.*
Medical Attendant.

Undertaker, Julius Koehler

Place of Business, cor Sharp & Cross Sts *Address* 146 Hanover St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 7461

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7461

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 13 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 12 Jan. 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Samuel Lee

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 67 *Years,* 11 *Months,* 22 *Days.*

Color, black *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Hod carrier

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Eastern Shore of Md.

Duration of Residence in the City of Baltimore, 53 years

Place of Death, {Give street and number.} 16 Stockton

Cause of Death, First (Primary,) His death was Sudden prob-

Second (Immediate,) ably from heart disease

Duration of Last Sickness, 2 hours

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery John Lovell *M. D.*

Date of Burial, Jan 16th 1876 Medical Attendant.

Undertaker, John C Gordon

Place of Business, 63 Stockton *Address* 274 Hollins St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 7162

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7162

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 13 1876 BALTIMORE

Date of Death, January 12th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James McNally

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ____ *Years,* ____ *Months,* 3 weeks ~~Days.~~

Color, White *Sex,* ____

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} Cor. Jenks Alley and Abrahams Ct.

Cause of Death, First (Primary,) Marasmus —

Second (Immediate,) Aphthus Stomatitis —

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, 13 January

Undertaker, [illegible]

Place of Business, [illegible]

W. Cran Bibbins M. D.
Medical Attendant.

Address 47 Franklin St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 1163

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1163.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 13 1876 BALTIMORE

Date of Death, Jan. 12th 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Campbell

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 57 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Salesman

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt. Md.

Duration of Residence in the City of Baltimore. Since birth

Place of Death, {Give street and number.} 101 N. Washington St.

Cause of Death, {First (Primary.) Albuminuria, Brights Dis

{Second (Immediate,) Uraemic convulsions

Duration of Last Sickness, Two weeks,

All the above information should be furnished by the Physician

Place of Burial, Balt: Cemetery

Date of Burial Jan 14 1876

{*Undertaker,* Thos Hughes

{*Place of Business,* Balt: St.

G. Glanville Rusk M. D.
Medical Attendant.

Address Balt & Wash. sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permits for Burials 7446 11

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 74464

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 1876 BALTIMORE

Date of Death, Jany. 11th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Smith

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Fifty (50) *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the wor is not required in this line.} Widow

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth} Baltimore City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 63 Jefferson

Cause of Death, {First (Primary,) Chronic Rheumatism

{Second (Immediate,) Exhaustion

Duration of Last Sickness, Five (5) Years

All the above Information should be furnished by the Physician

Place of Burial, Mt. Road Ch. E.B.S.

Date of Burial, Jan 13 1876

Undertaker, Cluley

Place of Business, 54 N. Broadway

L. L. Wilkins M. D.
Medical Attendant.

Address 69 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 7965

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7465

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 13 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 12 — 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Grant

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, Two ~~Years~~, Three Months, Days.

Color, Dark *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} No 5 Ivory Al Baltimore

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number.} No 28 State St

Cause of Death, {First (Primary,) Second (Immediate.)} Catarrh —

Duration of Last Sickness, About three days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Jan 13 1876

D E Ross M. D.
Medical Attendant.

Undertaker, John C. Gordon

Place of Business, Park ave *Address* 89 Mulberry St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty o Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish n forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person d. and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 7466

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7466

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTRAR'S DEPARTMENT JAN 13 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 11, 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George M Johnson

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 31 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Bricklayer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Salem Maryland

Duration of Residence in the City of Baltimore. About Eight Years

Place of Death, {Give street and number} No 28 S. Sulton St.

Cause of Death, {First (Primary,) / Second (Immediate,)} Typhoid Fever about two months

Duration of Last Sickness,

All the above information should be furnished by the Physician

Place of Burial, Mount Olivet, G

Date of Burial, Jan 13 1876

Undertaker, G B Blackistone son

Place of Business, 606 Balt st *Address*

James Annis M. D. Medical Attendant.

J. M. White

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children

[OVER.]

No. 7467

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7467

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 13 1876 REGISTRAR

Date of Death, Jan. 12th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James Abrahams Parker

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, — *Years,* Twenty one *Months,* — *Days.*

Color, White *Sex,* Male

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} Single

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 73 Bolton St

Cause of Death, {First (Primary,) Diphtheria / Second (Immediate,) Diphtheritic Croup

Duration of Last Sickness, About two weeks

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Jan 14th 1876

Elias C Price M. D.
Medical Attendant.

Undertaker, Hughes & Co

Place of Business, Broadway *Address* 762 Madison Av

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 7468

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7468

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 13 1876 BALTIMORE

Date of Death, Jan 11 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George Hall

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ~~—~~ *Years,* 7 *Months,* ~~—~~ *Days.*

Color, Blk

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Bally City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 6. Wales Court

Cause of Death, {First (Primary.) Cold — Second (immediate,) Inflamation of Lungs

Duration of Last Sickness, one week

All the above information should be furnished by the Physician

Place of Burial, New Cathedral Cty

Date of Burial, Jan 13 1876 James A Cleary M. D.

{*Undertaker,* Chas. T. Scriven

{*Place of Business,* N. Eutaw St *Address* Commis of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by William Dixon — Uncle —

[OVER.]

No. 7469

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7469

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 13 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 11th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Jane Thomas

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.} Female

Age, 27 *Years,* *Months,* *Days.*

Color, Black *Sex,* Female

Married, ~~Single~~, Widow ~~or Widower~~ {Cross out the words not required in this line.}

Occupation, House Keeper

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Norfolk Va

Duration of Residence in the City of Baltimore, 2 Yrs

Place of Death, {Give street and number.} 162 Mc Kim St

Cause of Death, First (Primary,) Phthisis

Second (Immediate,) One Month

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Jan 14th 1876

Undertaker, William Lange

Place of Business, 104 East St.

Silas H. Hunter M. D.
Medical Attendant.

Address 111 Greenmount Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 7470

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7470

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 12th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Agge A Chapman

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

HEALTH DEPARTMENT JAN 13 1876 BALTIMORE

Age, 7 *Years,* 6 *Months,* 20 *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 69 E. F. K. avenue

Cause of Death, First (Primary,) Diphtheria

Second (Immediate,) Typhoid

Duration of Last Sickness, 15 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, 14th January 1876

Undertaker, Geo. Doane

Place of Business, 568 N Balto St

J. R. McKee M. D.
Medical Attendant.

Address 582 W. Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 7471

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 7470

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 12th 1876

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Julius Shelmyn plee

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 19 *Years,* *Months,* 4 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower? { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Lower Marlboro Calvert County Md

Duration of Residence in the City of Baltimore, About three months

Place of Death, { Give street and number. } 408 Mulberry St

Cause of Death, First (Primary,) Sub Acute Pneumonia

Second (Immediate,) Phlysis Pulmonalis

Duration of Last Sickness, About 6 months

All the above information should be furnished by the Physician.

Place of Burial, Calvert County

Date of Burial, 13th 1876

D. F. Huffman M. D.

Medical Attendant.

Undertaker, Jos. Loane

Place of Business, 568 N Gilmor Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

(Transit 314)

OVER.

No. 7472

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7472

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 14th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Chas. Bell

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 1 *Years,* 11 *Months,* 1 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 292 Scott

Cause of Death, { First (Primary.) Scrofula

Second (Immediate,)

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, January 14th 1876

M. D.

Medical Attendant.

Undertaker, Hughes & Co

Place of Business, 165 S. Broadway *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 7473

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7473

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 15 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 13th January 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Kenneth Comly

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 50 *Years,* *Months,* *Days.*

Color, White *Sex,*

~~Married, Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Governess

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, 50 Yrs

Place of Death, {Give street and number.} Aged Women Home

Cause of Death, First (Primary,) Softening of Brain

Second (Immediate,)

Duration of Last Sickness, 2 Years

All the above information should be furnished by the Physician.

Place of Burial, Huntington G. Yard York road near Toldgate

Date of Burial, 15th Jany 1876

Geo H Coste M. D.

Medical Attendant.

Undertaker, A M Jenkins Son

Place of Business, 16 Light St

Address #1 Waverly Terrace

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 7 1 1 7 1

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7474

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 15 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 12th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Catherine M. Stürmer

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, *Years,* 21 *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 176 S. Caroline St.

Cause of Death, { First (Primary,) Convulsions
Second (Immediate,)

Duration of Last Sickness, Two days

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, January 14th

{ *Undertaker,* Reichard Smith
Place of Business, No. 35 Bank St.

C. Edward Miller M. D.
Medical Attendant.

Address 143 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 711

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7475

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 14 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 12- 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Samuel Dempsey

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, 22 *Years,* ——— *Months,* ——— *Days.*

Color, Black *Sex,* Male

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} Single

Occupation, Teamster.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Co.

Duration of Residence in the City of Baltimore, 20 yrs.

Place of Death, {Give street and number.} 87 Canal Alley

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate,) Asthenia.

Duration of Last Sickness, Uncertain

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Jan 14 76

Undertaker, S. W. Chase

Place of Business, 169 W. Baltimore St. *Address* 169 W. Biddle St.

William E. Mosher M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7476

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 15 '876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 13th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Hester Hicks

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 44 *Years,* *Months,* *Days.*

Color, Colored *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, House servant

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Mont Pelier Md

Duration of Residence in the City of Baltimore, 10 years

Place of Death, {Give street and number.} 355 Madison Avenue

Cause of Death, First (Primary,) Bronchial Catarrh

Second (Immediate,) Angina Pectoris

Duration of Last Sickness, About two hours

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery B. B. B. Browne M. D.

Medical Attendant.

Date of Burial, Jan 14 76

Undertaker, J. W. Chase

Place of Business, 188 Howard St Address 307 Madison Avenue

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

No. 7477

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7477.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 14. 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 13th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John N. Laupoile

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 11 5 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Root Rose Conductor

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 35 Gittings

Cause of Death, First (Primary,) Phthisis

Second (Immediate,)

Duration of Last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County *Thos Lord Cook* M. D.

Date of Burial, January 16 1875 Medical Attendant.

Undertaker, Charles F. Harris

Place of Business, 161 Hanover St. *Address* 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

7478

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7478

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
JAN 14 1875
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 15 January 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George Haines

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Years, 7 Months, 4 Days.

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 30 Thames St

Cause of Death, First (Primary,) Cerebro Spinal Meningitis.

Second (Immediate,) do do

Duration of Last Sickness, 14 Days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, 15 January

Undertaker, F. Bohorn

Place of Business, 30 Thames St

A. McC. Bohorn M. D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

FILM

No. 7479

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7479

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 14 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 13th January 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Child of Richard & Olivia Mack

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ____ *Years,* ____ *Months,* 4 *Days.*

Color, Colored *Sex,* ~~Sex~~

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ____

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, ____

Place of Death, {Give street and number.} #8. Hamilton St

Cause of Death, First (Primary,) Malformation - occlusion of rectum

Second (Immediate,) about 2 inches from anus

Duration of Last Sickness, ____

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery — H. W. Ownings *M. D.* Medical Attendant.

Date of Burial, Friday 14th Jan'y 76

Undertaker, Wm. C. Young — *Address* 16th W. Fayette St.

Place of Business, 63 Madison St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

SAFETY

No. 7480

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

7480

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7480

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 14 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 13th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Joseph Kavanah,

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 2 *Months,* *Days.*

Color, *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 312 Brown St,

Cause of Death, {First (Primary,) Scarlet Fever} {Second (Immediate,) Convulsions}

Duration of Last Sickness, four weeks,

All the above information should be furnished by the Physician.

Place of Burial, St Patrick

Date of Burial, Jan 16 1876

R J H McTall M. D.
Medical Attendant.

Undertaker, F. Kinnane

Place of Business, 209 Baltimore

Address 158 S Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

KODAK

No. 7481

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7481

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 14 1895 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 14th 1895

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Solomon

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 51 *Years,* 9 *Months,* 3 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} England 24 years

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Hermitage St

Cause of Death, First (Primary,) Consumption Pulmonary

Second (Immediate,) two years.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cem J. H. Bolton M. D.
Medical Attendant.

Date of Burial, 16

Undertaker, J. S. Slocum *Address* 267 West Lanvale St

Place of Business, 150 Camden St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

No. 7452

Board of Health, City of Baltimore,

Permit No. 7482

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 14 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 13th January 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Victoria L. Burnett

Sex, ~~Male or Female,~~ {Cross out the word not required in this line.}

Age, 17 *Years,* 6 *Months,* *Days.*

Color, Blk *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore County

Duration of Residence in the City of Baltimore, One year

Place of Death, {Give street and number.} No 132 N Eutaw st

Cause of Death, First (Primary,) Pulmonary Consumption

Second (Immediate,)

Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, Rockstown Balto Co

Date of Burial, January 14th 1875

Wm. L. Burnett *M. D.*

Medical Attendant.

Undertaker, Jacob Mears

Place of Business, No 496 Druid Hill Ave *Address* Broadway and Fredrick Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Keepers of Cemeteries in City

No. 7180

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

Permit No. 7483

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 14 1876 BALTIMORE

Date of Death, January 14. 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Peter

Sex, Male or Female, {Cross out the word not required in this line,} Male

Age, ... *Years,* ..... *Months,* 13 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Illegitimate

Duration of Residence in the City of Baltimore, 13 days

Place of Death, {Give street and number.} St. Vincent Infant Asylum

Cause of Death, First (Primary,) Atrophy

Second (Immediate,) convulsions

Duration of Last Sickness, 24 hours

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, Jany 16. 1876

Undertaker, Leslies

Place of Business, Undertaker

Marbury Brown M. D.
Medical Attendant.

Address 201 W. Biddle St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, also to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7484

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 14 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 14. 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Genevieve

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ... *Years,* ..... *Months,* 13 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Foundling

Duration of Residence in the City of Baltimore, 13 days

Place of Death, {Give street and number.} St Vincents Infant Asylum

Cause of Death, First (Primary,) Collapse of lung

Second (Immediate,) Cyanosis

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician

Place of Burial, Cathedral Cemetery

Date of Burial, January 16. 1876

Undertaker, Sisters

Place of Business, Institution

Marbury Brewer M. D.
Medical Attendant.

Address 201 W. Biddle St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7485

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 14 1876

CERTIFICATE OF DEATH.

Date of Death, Jan 1st " 1876 (Parents)

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Geo Washington & Gracy Neal

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 2 *Days.*

Color, Col'd

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore. Life

Place of Death, {Give street and number} 64 Sarah Ann St

Cause of Death, {First (Primary.) / Second (Immediate,)} Asthenia

Duration of Last Sickness,

All the above information should be furnished by the Physician

Place of Burial, Laurel Cemetery

Date of Burial, Jan 1st 1876

James H Steuart M. D.

{*Undertaker,* W. H. Gray / *Place of Business,* 65 Mulberry St} Address Commiss of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by W. Geo Gray Undertaker

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7486

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 14 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jany 13

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Daniel L Delany

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 4 *Years,* 8 *Months,* 12 *Days.*

Color, White *Sex,* Male

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, 0

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 96 South Caroline St

Cause of Death, First (Primary,) Scarlet fever

Second (Immediate,) Convulsions

Duration of Last Sickness, two weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore cemetery

Date of Burial, Jan 15) 76

Undertaker, Theadore J. Locks

Place of Business, No. 59 S Wolfe st *Address* 19 S Broadway

E J Ray *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7487

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 14 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 13th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Bridget Gorman

~~*Sex, Male or Female,*~~ {Cross out the word not required in this line.}

Age, [illegible] *Years,* *Months,* *Days.*

Color, White *Sex,*

~~*Married,*~~ *Single,* ~~*Widow or Widower*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, Byrd St

Place of Death, {Give street and number.}

Cause of Death, {First (Primary,) Pulmonary Consumption
Second (Immediate,)

Duration of Last Sickness, One Year

All the above information should be furnished by the Physician.

Place of Burial, R. C. Cemetery Chas O'Donovan M. D.
Medical Attendant.

Date of Burial, 15th Jan.

{*Undertaker,* P. Kinnent.
Place of Business, 317 Mulberry St. *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...is respectfully invited to the remarks below, and to ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7488

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 14 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 13th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Mary Connoly

~~*Sex, Male or Female,*~~ {Cross out the word not required in this line.}

Age, 69 *Years,* *Months,* *Days.*

Color, White *Sex,*

~~*Married*~~, *Single*, ~~*Widow or Widower*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 162 ~~[illegible]~~ St N. Howard St

Cause of Death, First (Primary,) Tuberculosis

Second (Immediate,)

Duration of Last Sickness, Some months

All the above information should be furnished by the Physician.

Place of Burial, St Patrick Cemetery

Date of Burial, Jan 15th 1876

Undertaker, Henry W. Mears

Place of Business, 45 N Gay St *Address*

Chas A Doyle M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 7489

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 14 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan. 13th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Maria M. Utzenheimer

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 5 *Years,* 6 *Months,* 12 *Days.*

Color, White. *Sex,*

~~*Married,*~~ *Single,* ~~*Widow or Widower.*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since birth.

Place of Death, {Give street and number.} 171 S. Bethel

Cause of Death, {First (Primary,) Scarlatina

Second (Immediate,) Nephritis

Duration of Last Sickness, Four weeks

All the above information should be furnished by the Physician.

Place of Burial, St. Matthew B. Ground

Date of Burial, Jan: 16th.

A. F. Erich M. D.
Medical Attendant.

Undertaker, Em: Claus

Place of Business, No: 169 S. Bethel st Address 94 S. Broadway.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7490

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 14 1878 BALTIMORE

CERTIEICATE OF DEATH.

Date of Death, Jan. 5th, 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Susie S. Walters,

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 2 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt. Md.

Duration of Residence in the City of Baltimore. Since birth.

Place of Death, {Give street and number} 127 S. Howard St.

Cause of Death, First (Primary.) Scarlet Fever

Second (Immediate,) Malignant Pharyngitis.

Duration of Last Sickness, Two days.

All the above information should be furnished by the Physician

Place of Burial, Mt Olivet Cem.

Date of Burial, Jan. 6th 2 P.M.

Undertaker, Reid Hall

Place of Business, 233 E Balto

H. Hamill Kemp, M. D.
Medical Attendant.

Address Balto Md. 126

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...ians is respectfully invited to the remarks below, and to last ... of this certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7491

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 14 Jan / 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Clarence Curry

~~*Sex,*~~ *Male or* ~~*Female,*~~ {Cross out the word not required in this line.}

Age, 3 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 25 / Barnum st Md

Cause of Death, First (Primary,) Scarlet Fever

Second (Immediate,)

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Jany 15" 1876

A A McKenzie M. D.
Medical Attendant.
Jas McKendree

Undertaker, W H Hickman

Place of Business, Gay st Address City

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...cases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7492

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jany 13th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John T. Cullimore

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 46 *Years,* *Months,* *Days.*

Color, White *Sex,* male

Married, ~~Single~~, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Ship Smith

Birthplace, {State or country (and how long in the United States, if of foreign birth.} New York

Duration of Residence in the City of Baltimore, 26 Years

Place of Death, {Give street and number.} No. 29 Jackson Sqr.

Cause of Death, First (Primary,) Ascites.

Second (Immediate,)

Duration of Last Sickness, about Six months.

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, Jan 16th 1876

Alfred Hughes M. D.
Medical Attendant.

Undertaker, Hughes & Co

Place of Business, 65 & Broadway

Address 234 N. Biddle St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...ons is respectfully invited to the remarks below, and to list of ... of this certificate.

Board of Health, City of Baltimore,

Permit No. 7493

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

JAN 15 1876 HEALTH DEPARTMENT BALTIMORE

Date of Death, January 14th 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Emma V. Blocker

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, Three Years, Eleven Months, ____ Days.

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ____

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Since four years

Place of Death, {Give street and number.} # 703 W. Lexington st

Cause of Death, First (Primary,) Not known

Second (Immediate,) Typhus Fever

Duration of Last Sickness, Five Weeks

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, 15 Jan. 1876. 3 P.M.

Undertaker, Hughes & Co.

Place of Business, 60 S. Broadway & 660 W. Fayette st

Jas. G. Smithcum M. D.
Medical Attendant.

Address # 703 W. Fayette st
S. Keeps attends with the above name

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7494

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 15 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 13 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles E Klemm

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 18 *Years,* 11 *Months,* 4 *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} no

Occupation, none

Birthplace, {State or country (and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, 10 2

Place of Death, {Give street and number.} Register

Cause of Death, First (Primary,) High disease

Second (Immediate,) Typhoid

Duration of Last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet Cemetery

Date of Burial, Jan. 16th

Horace R Arnold M. D.
Medical Attendant.

Undertaker, Michael Smith

Place of Business, 35 Bank *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...ians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7495

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 15 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 13th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Kate Gruber

~~*Sex,*~~ ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, One *Years,* Nine *Months,* *Days.*

Color, White *Sex,* Female

~~*Married,*~~ *Single,* ~~*Widow or Widower.*~~ {Cross out the words not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, 21. Months

Place of Death, {Give street and number.} 27 N. Green Street

Cause of Death, First (Primary,) Scarlet Fever

Second (Immediate,)

Duration of Last Sickness, 10. Days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Co.

Date of Burial, Jan 16th 1876

Undertaker, Chas. T. Scriven

Place of Business, 2711 Eutaw St

A. T. Bell *M. D.*

Medical Attendant.

Address 308 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

The Special Attention of Physicians is respectfully invited to the remarks below, and to LIST of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7496

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 14th 1876.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } David Lalvin Maxwell.

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 4 *Years,* 6 *Months,* *Days.*

Color, White, *Sex,* Male

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, { Give street and number. } N. Wheler Eutaw & Saratoga sts.

Cause of Death, First (Primary,) Scarlet Fever, M. Ligament

Second (Immediate,) " " "

Duration of Last Sickness, 24 hours

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, January 16th 1876 at 2 O'clock

Undertaker, C. H. Hoggard

Place of Business, 66 Eutaw Street

John D Pennington M. D.

Medical Attendant.

Address 210 Franklin St,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7477

The Physician who attended any person in a last Illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan 11 76

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Father Lewis Smael
mother Annie Smael
225 Cathedral St.

~~*Sex,*~~ *Male or* ~~*Female,*~~ { Cross out the word not required in this line. }

~~*Age,*~~ ~~*Years,*~~ *Months,* 4 hours ~~*Days.*~~

Color, wht *Sex,*

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } md

Duration of Residence in the City of Baltimore, 4 hours

Place of Death, { Give street and number. } 225 Cathedral St

Cause of Death, { First (Primary,) Premature Labor
Second (Immediate,)

Duration of Last Sickness, 4 hours

All the above information should be furnished by the Physician.

Place of Burial, York Penna *C. L. Tannyhill* **M. D.**

Date of Burial, Jan 11. 76. **Medical Attendant.**

Undertaker, Jacob Wearer *Address* 129 W Biddle

Place of Business, 4 Druid Hill Ave

Body taken to York. Penna.

JAN 15 1876 BALTIMORE

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST OF DISEASES ON BACK OF THIS CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 7498

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan. 13th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Eva Catherine Koch

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 1 y *Years,* 1 *Months,* 22 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore. 25 years

Place of Death, {Give street and number.} 1124 Caulin Avenue

Cause of Death, First (Primary,) Pneumonia

Second (Immediate,)

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician

Place of Burial, Mt Carmel Cem

Date of Burial, 15th January

Undertaker, Henry Koerber

Place of Business, 246 Eastern Av

Chas. L. Klein M. D.
Medical Attendant.

Address 254 East Street

JAN 15 1876 BALTIMORE

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7499

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

JAN 1876

Date of Death, Jan'y 14th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lillie May Carter

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ~~5~~ Years, 3 Months, 20 Days.

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth} Baltimore City Md.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number} 339 Sharp St,

Cause of Death, {First (Primary,) Pneumonia; Second (Immediate,) Cold

Duration of Last Sickness, Sudden

All the above information should be furnished by the Physician

Place of Burial, Louden Park Cem.

Date of Burial, 16th Jany 1876

Undertaker, J. H. Leane

Place of Business, 568 W. Balto St

R. L. Leo M. D.
Medical Attendant
Coroner

Address N.W. cor Hanover & Barre sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7500

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 15 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 13th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Friend

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 14 *Years,* ——— *Months,* ——— *Days.*

Color, Col'd

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Caroline Co Md

Duration of Residence in the City of Baltimore, 9 years

Place of Death, {Give street and number.} 128 S. Dallas Street

Cause of Death, {First (Primary,) Second (Immediate,)} Consumption

Duration of Last Sickness, one year

All the above information should be furnished by the Physician

Place of Burial, Laurel Cemetery

Date of Burial, Jan 16 1876

Undertaker, John W. Locke

Place of Business, Wolf St

Thos A Leary M. D.
~~Medical Attendant~~

Address Commiss of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the ysician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight s after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the e can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and ate of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Information by John W. Locke Undertaker

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7501

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 18th January 1876.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } August Schmidt

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, 53 *Years,* — *Months,* — *Days.*

Color, white *Sex,* male

Married, ~~Single, Widow or Widower~~, { Cross out the words not required in this line. }

Occupation, Laborer

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 23 years

Place of Death, { Give street and number. } 186 Baltimore St.

Cause of Death, First (Primary,) Mort. Brightii.

Second (Immediate,)

Duration of Last Sickness, ab. 3 months

All the above information should be furnished by the Physician.

Place of Burial, Holy Rhenish Cem Baltimore Md.

Date of Burial, Jany 16 1876

Medical Attendant

Undertaker, Henry Hoerle *Address* 37 Aisquith

Place of Business, 307 Central Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to deliver, within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

No. 7502.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7502

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 15 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 14th 1876

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Michael Calleyer

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 24 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

~~Married~~, Single, ~~Widow~~ Widower, { Cross out the words not required in this line. }

Occupation, Laborer

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Ireland

Duration of Residence in the City of Baltimore, 5 years

Place of Death, { Give street and number. } N. W. Cor Rabbers Hospital

Cause of Death, { First (Primary,) Typhoid Pneumonia
Second (Immediate,) }

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, Jan 16/76

H. L. Slicer **M. D.**
Medical Attendant.

{ *Undertaker,* J B Cook
Place of Business, 101 W Baltimore St } *Address* 57 S Calhoun St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 7303

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7503,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 15 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 14th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John C Tate

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, *Years,* One *Months,* 11 *Days.*

Color, White *Sex,*

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 107 Albemarle St

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 107 Albemarle Street

Cause of Death, {First (Primary,) "Opium poison," given through ignorance of its power.
Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Vincents Cemetery

Date of Burial, Jan 16 1876

A Gregg Herrmd.
J Webster Cathell M. D.
Medical Attendant.

{*Undertaker,* James P. Byrne
Place of Business, No 63 W. Pratt St *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 7504

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7504

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 15 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 15/76

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Geo. W. Hinds

~~Sex~~, *Male* ~~or Female~~, {Cross out the word not required in this line.}

Age, 22 *Years,* *Months,* *Days.*

Color, Colored *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} dond Know

Occupation, Convict

Birthplace, {State or country (and how long in the United States, if of foreign birth.} dont Know

Duration of Residence in the City of Baltimore, One Year

Place of Death, {Give street and number.} Maryland Penitentiary

Cause of Death, First (Primary,) Scrofula

Second (Immediate,)

Duration of Last Sickness, One Year

All the above information should be furnished by the Physician.

Place of Burial, E. Potters Field

Date of Burial, Jan 15th 1876

Jno. Booker Boyle M. D.
Medical Attendant.

Undertaker, W. Donovan

Place of Business, 148 S. Central *Address* 174 E. Eager st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 7505

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7505

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan. 14th 76.

JAN 15 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Cochran Wilcox

~~Sex~~, *Male* ~~or Female~~, {Cross out the word not required in this line.}

Age, Two *Years,* Nine *Months,* Fourteen *Days.*

Color, white

~~Married, Single~~, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Child

Birthplace, {State or country (and how long in the United States, if of foreign birth} Baltimore

Duration of Residence in the City of Baltimore.

Place of Death, {Give street and number.} 216 Aisquith

Cause of Death, {First (Primary,) Chronic Croup. Second (Immediate,)

Duration of Last Sickness, Three days

All the above information should be furnished by the Physician

Place of Burial, Baltimore Cemetery

Date of Burial, January 16th 1876

Ludwig Hemmeter, *M. D.*
Medical Attendant.

{*Undertaker,* John J Rodenmayer *Address* 1332 E. Eutaw
{*Place of Business,* N E Cor Fremont
Ave & Monument St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 7506

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7506

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 15 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 14th 76

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Joseph Borkman

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 86 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Cooper

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 25 Willow St.

Cause of Death, First (Primary,) Infirmity

Second (Immediate.)

Duration of Last Sickness, One month

All the above information should be furnished by the Physician.

Place of Burial, Govenstown.

Date of Burial, January 16th 1876

Jno. Brooke Boyle M. D.
Medical Attendant.

Undertaker, Wm. H. Hickman Address 174 E. Eager St.

Place of Business, 284 S. Gay St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 7507

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7507

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 14th 12 o'clock M. 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Joseph Shea

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years,* 9 *Months,* ... *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 33 Dorsey Alley

Cause of Death, { First (Primary,) Scarlet Fever
Second (Immediate,)

Duration of Last Sickness, One Week

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet Cemetery James E. Donelle M. D.
Medical Attendant.

Date of Burial, January 16th 1876

{ *Undertaker,* H. A. Gilmeyer
{ *Place of Business,* 341 Eastern Av. *Address* 299 E. Balto, Md

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7508

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 15 1916 BALTIMORE

Date of Death, Jan 15th 16

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ina Lemon Foote

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 2 *Years,* 1 *Months,* *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 46 Biddle Alley

Cause of Death, {First (Primary.) / Second (Immediate,)} Tubercular Meningitis

Duration of Last Sickness, 4 weeks

All the above information should be furnished by the Physician

Place of Burial, Laurel Cemetery

Date of Burial, Jan 16 1916

{*Undertaker,* John C Jordon / *Place of Business,* 63 Park Ave}

D. G. Kelley *M. D.*

Medical Attendant.

Address 89 N Green St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children

[OVER.]

No. 7509

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7509

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 13 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 12th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Martha A. Johnson

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, 58 *Years,* *Months,* *Days.*

Color, *Sex,* Female

~~Married, Single~~, Widow or Widower, {Cross out the words not required in this line.}

Occupation, House keeper

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 58 years

Place of Death, {Give street and number.} 3 Pierce street

Cause of Death, {First (Primary,) / Second (Immediate,)} Ulcerated Throat

Duration of Last Sickness, 14 days

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, Jany 16th 1876

H Bailey M. D.
Medical Attendant.

Undertaker, Hill & Jones

Place of Business, 63 Park st

Address 143 Mulberry st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 2

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7510

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 15 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 14 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Michael Glynn

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 8 *Years,* — *Months,* — *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Pennsylvania

Duration of Residence in the City of Baltimore, 4 months

Place of Death, {Give street and number.} 98 Low Street

Cause of Death, {First (Primary.) measels / Second (Immediate.) Pneumonia

Duration of Last Sickness, One Day

All the above information should be furnished by the Physician

Place of Burial, St. Vincents Cemetery Hans A Kleinau M. D.

Medical Attendant.

Date of Burial, Jan 16 1876

Undertaker, Jas P Byrne *Address* Commis of Health & Registrar

Place of Business, Front St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.

Information by Jas P Byrne Undertaker

No. 7571

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7571

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan 10th '76

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Doyle (mother)

Sex, Male or ~~Female,~~ {Cross out the word not required in this line.}

Age, died short after birth *Years,* *Months,* *Days.*

Color, white *Sex,* male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, ~~ab~~

Place of Death, {Give street and number.} 274 E Bdle St

Cause of Death, First (Primary,) Strangled by mother Mary Doyle {Verdict of Coroner's Jury}

Second (Immediate,) Asphyxia

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, E Potters Field

Date of Burial, Jan 15th 1876

Undertaker, W Donovan

Place of Business, Central ave

Edmund Rorke M. D.
Medical Attendant.
Comm m. P. D
Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7572

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 15 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 13th.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jacob Shreve

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 44 *Years,* 6 *Months,* *Days.*

Color, White *Sex,* Male

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Saloon Keeper

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 24 years

Place of Death, {Give street and number.} 238 Lexington st

Cause of Death, {First (Primary,) Apoplexy
Second (Immediate,)

Duration of Last Sickness, 3 days.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Frank Gumon M. D.

Date of Burial, 16th Jan. Medical Attendant.

Undertaker, P. Kinnon

Place of Business, 317 Saratoga St. *Address* 57 N Paca st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7573,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan. 4th 1876

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Charles Ryder

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 5 *Years,* *Months,* *Days,*

Color, White *Sex,*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, 5 years.

Place of Death, { Give street and number. } Stiles St. 52

Cause of Death, { First (Primary,) Scarlet Fever – Eurgomia
Second (Immediate,) Sore Throat

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cy

Date of Burial, January 6th 1876

E. H. Penniston M. D.
Medical Attendant.

{ *Undertaker,* Henry Enoch
{ *Place of Business,* 3 & 5 Central Ave. *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. [illegible]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9574

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
JAN
15
1876
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 15th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James Wiles

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 10 *Years,* ~~[illegible]~~ *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} ~~[illegible]~~ Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 21 — Mc a Lease Court

Cause of Death, First (Primary,) Scarlet fever

Second (Immediate,) Uremia

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Ce | Holy Cross

Date of Burial, 17th January 76 | Balto — M. D.

Medical Attendant.

Undertaker, Geo C Roderman

Place of Business, *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

T Y ▲ F I L M ■

No. 7515

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7515

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 13 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 15th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Henry Summary

Sex, Male or Female, {Cross out the word not required in this line.}

Age, *Years,* 1 *Months,* 8 *Days.*

Color, white *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 256 Hanover St

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.}

Cause of Death, First (Primary,) convulsions

Second (Immediate,)

Duration of Last Sickness, a few hours

All the above information should be furnished by the Physician.

Place of Burial, Bet Cemetery

Date of Burial, 17th January

Undertaker, H. Venard

Place of Business, 35 S. Eutaw St Address 95 S. Sharp St

M. D.

Hobbs Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate childr[illegible]

[OVER.

A K S A F E T

No. 7512

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7514

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 15 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 15th 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Thomas Wingate Goolee

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 9 *Years,* 4 *Months,* 10 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 360 E Baltimore St

Cause of Death, First (Primary,) Scarlatina Maligna

Second (Immediate,) Nazeremia

Duration of Last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, Greenmt. Cemetery

Date of Burial, Jan. 18, 1876

Undertaker, M. A. Dwyer

Place of Business, 74 S. Broadway

D Webster Cattell M. D.
Medical Attendant.

Address 42 E Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

K O D

Keepers of Cemeteries in City of ...

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7577

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 13 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 13th 1876,

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Chas. R. Dickey

Sex, Male or ~~Female,~~ {Cross out the word not required in this line.}

Age, 51 *Years,* 2 *Months,* 1 *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Chair maker

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Washington D. C.

Duration of Residence in the City of Baltimore, Forty-eight years.

Place of Death, {Give street and number} 529 E. Fayette St.

Cause of Death, {First (Primary,)} Pthisis.
{Second (Immediate,)} Asphyxia.

Duration of Last Sickness, Four weeks.

All the above information should be furnished by the Physician

Place of Burial, Balt. Cemetery

Date of Burial, Jan. 19th 1876

Undertaker, M. A. Frazer

Place of Business, 74 S. Broadway

A. Granville Lusk M. D.
Medical Attendant.

Address Balto Park Place.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children

[OVER.]

No. 7578

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7578.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 16 1896 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 15th January 1896

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} William C. & Eliza J. Probst,

Sex, Male or Female, {Cross out the word not required in this line.}

Age, *Years,* *Months,* Nine hours *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City, Md.

Duration of Residence in the City of Baltimore, Since Birth.

Place of Death, {Give street and number.} 41 S. Ann St.

Cause of Death, { First (Primary,) Premature,
Second (Immediate,)

Duration of Last Sickness, Nine hours

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Jan. 16, 1896

Undertaker, M. A. Daye

Place of Business, 74 S. Broadway Address 217 S. Broadway

Nicholas L. Dorsett, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 7519.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 13 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 15th 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jane Pleasants

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 40 *Years,* — *Months,* — *Days.*

Color, Blk

Married, ~~Single, Widow or Widower~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Lancaster Co Va

Duration of Residence in the City of Baltimore, 9 years

Place of Death, {Give street and number.} No 2 Dover Street

Cause of Death, First (Primary,) Child Birth

Second (Immediate,) Brain Fever

Duration of Last Sickness, 2 Months

All the above information should be furnished by the Physician.

Place of Burial, W. Potter's Field

Date of Burial, Jan 16th 1876

Undertaker, M. H. C. Perry

Place of Business, 448 W. Pratt St

James A Steuart M. D.

Address Commiss of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Information by Alfred Waggaman Friend

No. 1524

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7520

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 13 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan. 13th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Harriet Cuny

~~*Sex, Male or* Female,~~ {Cross out the word not required in this line.}

Age, 22 *Years,* — *Months,* — *Days.*

Color, Colored *Sex,* Female

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Washwoman

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Dorchester Co.

Duration of Residence in the City of Baltimore, Six Years

Place of Death, {Give street and number.} # 269 N. Dorsey st.

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate,) Inanition.

Duration of Last Sickness, Eight Months

All the above information should be furnished by the Physician.

Place of Burial, Grant Street

Date of Burial, January 16th 1876

Undertaker, William H. Lange

Place of Business, No 104 East St.

W. B. O'Reilly M. D.
Medical Attendant.

Address # 235 N. Broadway.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

No. 7521

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7521

The Physician who attended any person in n last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 23 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sunday 16th. 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George Steffelin

Sex, Male or Female, {Cross out the word not required in this line.} Male.

Age, 59 Years, 8 Months, 18 Days.

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widower

Occupation, Dryer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany,

Duration of Residence in the City of Baltimore, Thirty-four (34) Years

Place of Death, {Give street and number.} 7 W. Lloyd near Pratt

Cause of Death, First (Primary,) Bright's Disease of the Kidneys

Second (Immediate,)

Duration of Last Sickness, Four (4) Months,

All the above information should be furnished by the Physician.

Place of Burial, St. Matthias Cemetery.

Date of Burial, January 17th 1876.

Undertaker, Leonhard Klein

Place of Business, S. Bond St. 222.

G. L. Wilkins M. D.
Medical Attendant.

Address 69 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 1

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7522

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 17 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 16th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary L. Brady

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 5 *Years,* 6 *Months,* *Days.*

Color, White *Sex,* Female

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} Howard & Madison Sts

Cause of Death, First (Primary,) Dysentery,

Second (Immediate,) Exhaustion

Duration of Last Sickness, About Two Days

All the above information should be furnished by the Physician.

Place of Burial, Oak Cemetery

Date of Burial, Jan 17th 1876

Chas O'Donovan *M. D.*
Medical Attendant.

Undertaker, Joseph F Byrne

Place of Business, 52 n Liberty *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 1350

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7523

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 17 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 16th Dec. 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Gustav Gerhard Schumann

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 6 *Years,* 11 *Months,* 24 *Days.*

Color, *Sex,* male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 1 New Church st

Cause of Death, First (Primary.) Scarlet fever

Second (Immediate.) malignant form.

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery Dr. Weidman M. D.

Date of Burial, 17th 4 o'clock Medical Attendant.

Undertaker, H Meyer

Place of Business, Address 106 North Howard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 7524

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

7524

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7524

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 17 1876 BALTIMORE.

Date of Death, Jan 16th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Adolph Richter

Sex, Male or Female, {Cross out the word not required in this line.} ~~Male~~ / Female

Age, 46 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ~~Married~~ / ~~Single~~ / ~~Widow~~ / ~~Widower~~

Occupation, laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 19 years

Place of Death, {Give street and number.} 54 Market Space

Cause of Death, First (Primary,) Phthisis pulm.

Second (Immediate,) Exhaustion.

Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Jany 17th 1876.

Undertaker, Chas Rossing

Place of Business, 136 E Fayette *Address*

C. Liebmann, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

No. 7320

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7525

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 17 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 16th 76

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lillie May McKeown

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 2 3 *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 230 N. Paca St

Cause of Death, First (Primary,) Chronic Croup.

Second (Immediate,)

Duration of Last Sickness, 12 hours

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetary A. J. Culbreth M. D.

Date of Burial, January 17th Medical Attendant.

Undertaker, J. B. Cook

Place of Business, N. W. Cor Baltimore & Address 43 Eutaw St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7526

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 12 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 16th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named give names of parents.} Mary Hubbard

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, —— *Years,* —— *Months,* 16 *Days.*

Color, Blk

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 18 Fessier St

Cause of Death, First (Primary,) ——

Second (Immediate,) Croup

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Jan 17th 1876

James A Steuart M. D.

Undertaker, Wm I Gray

Place of Business, Mulberry St

Address Commiss of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Information by Wm Jas Gray Undertaker

No. 732

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7527

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 17 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 13th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Caroline Campbell Morfit

Sex, Male or Female, {Cross out the word not required in this line.}

Age, about 29 *Years,* — *Months,* — *Days.*

Color, W *Sex,* F

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Lady

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Washington City D.C.

Duration of Residence in the City of Baltimore, Twenty three years

Place of Death, {Give street and number.} No 319 Linden Ave N.E. Cor Hoffman St

Cause of Death, First (Primary,) Tuberculosis

Second (Immediate,) Asthenia

Duration of Last Sickness, One year and fifteen days

All the above information should be furnished by the Physician.

Place of Burial, Washington D.C

Date of Burial, 18th January 1876

Charles M. Morfit M. D.
Medical Attendant.

Undertaker, Hy M. Seckinger

Place of Business, 16 Light St Address 84 East Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

(318 Transit)

The Special Attention of Physicians is respectfull

Board of

Permit No. 7529

The Physician who attended any person in *out*, to the undertaker or other person superint sooner, if requested so to do, under penalty of la

NO PERMIT FOR BURIAL

CERTI

Date of Death,

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents.

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 24 *Years,*

Color, white

~~Married~~, Single, ~~Widow or Widower~~, { Cross ou requir

Occupation, Bra

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Balt

Place of Death, { Give street and number. }

Cause of Death, { First (Primary,) A

Second (Immediate.)

Duration of Last Sickness,

All the above information should be furnished by

Place of Burial, Alexandria

Date of Burial, Jan 17 1

{ *Undertaker,* Jacob Abr

{ *Place of Business,* Alex V

Extract from Regulations of th Vital S

SECTION 2. And it be further enacted and o of the Physician who attended during his or h within forty-eight hours after the death, to th setting forth, as far as the same can be ascertain deceased, and the cause and date of death, excep

Tran

No. 7528

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7528

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 17 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 14th 1876

Full Name of Deceased, { Write legibly and spell correctly. If no infant not named, give names of parents. } Unknown

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, — *Years,* 9 *Months,* *Days.*

Color, white *Sex,*

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, Infant

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Boalt

Duration of Residence in the City of Baltimore, During Life

Place of Death, { Give street and number. } Infant Asylum Gilmer St

Cause of Death, { First (Primary,) —

Second (Immediate,) Inal-Nutrition

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, Jan 17

{ *Undertaker,* C H Blizzard

{ *Place of Business,* 187 Lanvale st

Thos S Latimer M. D.
Medical Attendant.

Address 248 Madison ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7529,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 17 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 16th 76

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Samuel Abraham

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 24 *Years,* *Months,* *Days.*

Color, White *Sex,* male

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, Brakeman

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, ——

Place of Death, {Give street and number.} Wm A. Hospital

Cause of Death, First (Primary,) Accident on N. C R Road

Second (Immediate,) Injury to head & brain

Duration of Last Sickness, 6 hours

All the above information should be furnished by the Physician.

Place of Burial, Alexandria Va

Date of Burial, Jan 17th 1876

Undertaker, Jacob Abraham

Place of Business, Alex Va

Edmd R Walker M. D.

~~Medical Attendant.~~

Coroner N. P. D

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Transit 316

No. 1

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7530

The Physician who attended any person in a last Illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 17 1876 BALTIMORE

Date of Death, January 15th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Amelia Sewell

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 67 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} London England

Duration of Residence in the City of Baltimore, Fifty years

Place of Death, {Give street and number.} # 162, 20 = Eddy St

Cause of Death, First (Primary,) Softening of the Brain

Second (Immediate,)

Duration of Last Sickness, One Year

All the above information should be furnished by the Physician.

Place of Burial, Fells Point Cemetery H. Grimes M. D.

Date of Burial, 17 Jan 1876 Medical Attendant.

Undertaker, L Berry

Place of Business, 91 E Fayette St *Address* 60 Maryland Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7531

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 17 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan. 17.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Conrad Heintz

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 3 *Months,* 16 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 362, E Charles

Cause of Death, First (Primary,) Scrofula

Second (Immediate,) Phthisis

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery Loudon Park M. D.

Date of Burial, Jan 18th 1876 Medical Attendant.

Undertaker, Julius Koehler *Address* 146 Hanover St

Place of Business cor Sharp & Cross sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7532

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 17 1876 BALTIMORE

Date of Death, ~~January~~ 16th 7 P. M.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Margaritha Walch

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, Thirty *Years,* — *Months,* 16 *Days.*

Color, white *Sex,* Female

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, housekeeper

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Saxonia Germany

Duration of Residence in the City of Baltimore, Seventy years

Place of Death, {Give street and number.} No 19 Sterling Street

Cause of Death, First (Primary,) Diphtheritis

Second (Immediate,) Diphtheritis

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, January 16th Coach running

Henry Saber M. D.
Medical Attendant.

Undertaker, Friedrich Nothamel

Place of Business, 1 Haus Cayffel near Bath *Address* 165 W. Lombard St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7533.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 10 /

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Laura Jacobs

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, One *Years,* 1 *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Md. Alley

Duration of Residence in the City of Baltimore, One Year

Place of Death, {Give street and number.} Chapel St.

Cause of Death, First (Primary,) Effusion of water

Second (Immediate,)

Duration of Last Sickness, about 2 weeks

All the above Information should be furnished by the Physician.

Place of Burial, Mount Comfort

Date of Burial, Jany 13th 1876

M. D.
Medical Attendant.

Undertaker, John C. Jordan

Place of Business, 43 Park Ave Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. [illegible]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7534

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 17 1876 BALTIMORE

Date of Death, January 16th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie Zoe R. Ayres

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 13 *Years,* 3 *Months,* 8 *Days.*

Color, White *Sex,* Female

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 214 S. Ann Street

Cause of Death, First (Primary,) Rheumatism

Second (Immediate,) Organic disease of Heart

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, January 18th 1876

Undertaker, M A Gaither

Place of Business, 74 & B'way

N. B. Smith *M. D.*

Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 7535

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7535

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

JAN 17 1876 BALTIMORE

Date of Death, Baltimore January 16th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James Miller

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Sixty-six *Years,* *Months,* *Days.*

Color, Colored

Married, ~~Single,~~ ~~Widow~~ or Widower, {Cross out the word is not required in this line.} Married

Occupation, Coachman

Birthplace, {State or country (and how long in the United States, if of foreign birth} Dorchester Co. Maryland

Duration of Residence in the City of Baltimore, Seventeen Years

Place of Death, {Give street and number.} No 3 or Howard St

Cause of Death, First (Primary,) Exposure & Atrophy and

Second (Immediate,) Phthisis

Duration of Last Sickness, Two years

All the above information should be furnished by the Physician

Place of Burial, Laurel Cemetery

Date of Burial, Jan 17. 76

Undertaker, Samuel K. Chase

Place of Business, 178 W. Howard St

L. D. Dyer M. D.
Medical Attendant.

Address No 146 Hill St
Baltimore Md.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

Permit No. 7536

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 17 1876 BALTIMORE

Date of Death, Jan 17th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Ann Doughney

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 24 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 95 S. Castle St.

Cause of Death, First (Primary,) ———

Second (Immediate,) Marasmus

Duration of Last Sickness, 24 days

All the above information should be furnished by the Physician.

Place of Burial, St. Patricks Cemy

Date of Burial, Jan 18th 1876

Undertaker, H. M. Gibney & Co

Place of Business, 341 Canton Ave

Address Commissioner of Health & Registrar

James Steuart M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information from John Gibney Undertaker

[OVER.]

No. 1251

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7537

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 17 1876 BALTIMORE

Date of Death, January 16. 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ignatius

Sex, Male or Female, {Cross out the word not required in this line,} Male

Age, ____ *Years,* ____ *Months,* 12 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ____

Birthplace, {State or country (and how long in the United States, if of foreign birth} Foundling

Duration of Residence in the City of Baltimore, 11 days

Place of Death, {Give street and number.} St Vincents Infant Asylum

Cause of Death, First (Primary,) Atrophy

Second (Immediate,) Spurious Hydrocephalus - convulsions

Duration of Last Sickness, Hours

All the above information should be furnished by the Physician

Place of Burial, Cathedral Cemetery

Date of Burial, Jany 18. 1876

Undertaker, Sexton

Place of Business, ____

Mahony Brewer M. D.
Medical Attendant.

Address 201 N. Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. .....

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7538

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 17 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 16. 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Rose

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Years, 2 Months, ... Days.

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth} Illegitimate

Duration of Residence in the ~~City of Baltimore~~ Institution 7 days

Place of Death, {Give street and number.} St. Vincents Infant Asylum

Cause of Death, First (Primary,) Congestion of Brain

Second (Immediate,) convulsions

Duration of Last Sickness, 2 hours

All the above information should be furnished by the Physician

Place of Burial Cathedral Cemetery.

Date of Burial, Jany 18. 1876

Undertaker, Sesters

Place of Business,

Mahony Brewer M. D.
Medical Attendant.

Address 201 W. Biddle St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7539

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 17 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 15th Jan'y 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Mrs Mary L. W. Garnett

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 25 *Years,* 9 *Months,* *Days.*

Color, — White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, No.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore, Her life

Place of Death, {Give street and number.} 216 N. Eutaw St.

Cause of Death, First (Primary,) Consumption

Second (Immediate,) "

Duration of Last Sickness, about 1 year

All the above information should be furnished by the Physician.

Place of Burial, Wilmington Del

Date of Burial, Jan 18th 1876

Undertaker, Thos. A. Foster *Address*

Place of Business, 111 E. Balto

J. Buchanan M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

(Transit 318)

No. [illegible]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7540

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 17 1876 BALTIMORE

Date of Death, January 16th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Johanna Johnson

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 16 *Years,* ——— *Months,* ——— *Days.*

Color, Black *Sex,* Female

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, Servant

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltr. Md

Duration of Residence in the City of Baltimore, Whole life

Place of Death, {Give street and number.} 32 Mc Kim St

Cause of Death, First (Primary,) Heart Disease

Second (Immediate,) one week

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Jan. 18th 1876

Undertaker, W. A. Duvigel

Place of Business, 109 East St

Silas N. Hunter M. D.
Medical Attendant.

Address 111 Greenmount Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 75741

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 17 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 15th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Clara Sampson

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.} Female

Age, 19 *Years,* 6 *Months,* *Days.*

Color, Black *Sex,* Female

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, House Servant

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Eastern Shore of Maryland

Duration of Residence in the City of Baltimore, 10 Years

Place of Death, {Give street and number.} 28 Forest St

Cause of Death, First (Primary,) Pulmonary Tuberculosis

Second (Immediate,) Asthenia

Duration of Last Sickness, About Four Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, January 17th 1876

Undertaker, Wm. F. Dunger

Place of Business, 104 East St.

D Webster Bethell M. D.
Medical Attendant.

Address 1 & D Cap. St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. [illegible]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7542

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 17 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 16th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie Virginia Shaw

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 8 *Years,* 3 *Months,* 12 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} No 124 Columbia Ave

Cause of Death, First (Primary,) Scarlatina

Second (Immediate,) Malignant

Duration of Last Sickness, About 1 week

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemetery.

Date of Burial, January the 18th

Undertaker, Philip P. Dill

Place of Business, No. 183 Columbia Ave.

Patrick McHenry M. D.
Medical Attendant.

Address No 213 Pratt

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7573,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 17 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 15th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lapsley Russell

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 27 *Years,* *Months,* *Days.*

Color, ed *Sex,* male

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Calvert County Md

Duration of Residence in the City of Baltimore, 12 years

Place of Death, {Give street and number.} 58 Biddle alley

Cause of Death, First (Primary,) Pneumonia apthenus colic

Second (Immediate,) Pulmonary Consumption.

Duration of Last Sickness, Two years. I only attended 4 days'

All the above information should be furnished by the Physician.

Place of Burial, Harp Hill Cem. *Date of Burial,* Jany 17th 1876

Wm. M. Hammond M. D.
Medical Attendant.

Undertaker, Wm Stone Jun. *Place of Business,* 65 Madison St *Address* 53 N Paca St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7524

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 16th 4 A. M.,

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Friedricka Wilhelmina Eisinger

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.} female

Age, 14 *Years,* 12 *Months,* 25 *Days.*

Color, White *Sex,* female

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore city

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 8 S. Paca St

Cause of Death, First (Primary,) Typhoid fever

Second (Immediate,) Paralisis of the heart

Duration of Last Sickness, six weeks

All the above information should be furnished by the Physician.

Place of Burial, Trinity Church Cem. Dr. Wallerstedt, M. D.

Date of Burial, Jan. 18 '75 Medical Attendant.

Undertaker, Michael Frank Address 12. S. Eden st

Place of Business, 280 Canton Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

No. 75745

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 75745

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 17 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 15th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Kate McGrath

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 21 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth} Ireland

Duration of Residence in the City of Baltimore, 22 Years

Place of Death, {Give street and number.} No 81 Eastern Ave

Cause of Death, {First (Primary,) Second (Immediate,)} Gastro Enteritis

Duration of Last Sickness, 21 Days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, Jan 18th 1876

Undertaker, James P Byrne

Place of Business, No 63 N Front St

Address

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of Illegitimate children

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7546

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 17 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 16- 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Elizabeth Roff

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 53 *Years,* — *Months,* — *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Bavaria

Duration of Residence in the City of Baltimore, For her Years

Place of Death, {Give street and number.} Penn Ave 653

Cause of Death, First (Primary,)

Second (Immediate,) Pulmonary Consumption

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet Cem. No. 26 Potomac & Penn

Date of Burial, June 18. 1876. 351 Fremont st

M. D.
Medical Attendant.

Undertaker, George Lugsman.

Place of Business, 121 Pennsylvania Av, *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7547

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 17 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan. 16th. 76

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Thomas Finley Jr.

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 80 *Years,* — *Months,* — *Days.*

Color, Cohil

Married, ~~Single, Widow or Widower,~~ {Cross out the wor is not required in this line.} W

Occupation, Shoemaker

Birthplace, {State or country (and how long in the United States, if of foreign birth} Donegal Ireland

Duration of Residence in the City of Baltimore, 57 Year.

Place of Death, {Give street and number.} 48 Gough st

Cause of Death, {First (Primary,) Old age. Second (Immediate,)

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician

Place of Burial, Baltimore Cemetery

Date of Burial, Jan 18 1876

Undertaker, James O Byrne

Place of Business, No 63 N Eutaw st

Jno. M. Stevenson M. D. Medical Attendant.

Address 133 N. Eutaw st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7528

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 17 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 16th 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Kay Stein

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 41 *Years,* 8. *Months,* 10. *Days.*

Color, White *Sex,* Male

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Liquor Dealer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 24 Years

Place of Death, {Give street and number.} Cor. Hollins & Poultney alley

Cause of Death, First (Primary,) Excessive Drinking

Second (Immediate,) Inflamation of Bowels

Duration of Last Sickness, 4 days

All the above Information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, January 19

Jas. G. Smithmeier M. D.
Medical Attendant.

Undertaker, Wm. M. Leonard *Address* 584 W. Fayette St

Place of Business. 782. W. Baltimore st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7579.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 18 76 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 17th January 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Katharina Beranek

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, — *Years,* — *Months,* 16 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City during lifetime

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} S. Bond Street No 279

Cause of Death, {First (Primary,) / Second (Immediate,)} Bronchitis apthora

Duration of Last Sickness, 12 days.

All the above information should be furnished by the Physician

Place of Burial, S. Alfonzes

Date of Burial, January 18th 1876

Undertaker, Leonhard Kurz

Place of Business S. Bond St 279

William Henkel M. D.
Medical Attendant

Address S. Wolfe St. 117.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

FILM

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7558

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 12 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 10th January 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Rachel Gibson

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 2 *Years,* 2 *Months,* *Days.*

Color, Black *Sex,*

Married, Single, ~~Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, 2 yrs 3 months

Place of Death, {Give street and number.} 21 Main St.

Cause of Death, {First (Primary,) Pneumonia
Second (Immediate,) Congestion of Brain

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, January 13th 1876

{*Undertaker,* William C. Lange
Place of Business, 107 East St.

Jno L Hamill *M. D.*
Medical Attendant.

Address 1 Broadway & Madison St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

S A F E T Y

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7557

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 16th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Infant of Mrs Johnson

Sex, Male or Female, {Cross out the word not required in this line.}

Age, *Years,* *Months,* 2 hours *Days.*

Color, Colored *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Eden St- Court No 11

Duration of Residence in the City of Baltimore, 2 hours

Place of Death, {Give street and number.} Eden St- Court No 11

Cause of Death, First (Primary,) Carbonic Acid Poisoning

Second (Immediate,) Asphyxia ~~Exh~~

Duration of Last Sickness, two hours

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, January 17th 1876

Undertaker, Wm A Lamb

Place of Business, 110 East St.

E Jos Walls *M. D.*
Medical Attendant.

Address 181 E Monument St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of Births and deaths of illegitimate children.

[OVER.

KODAK

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 7552

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 18 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 17th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Septimus Williams

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 4 *Months,* ——— *Days.*

Color, Blk

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 38 East St

Cause of Death, First (Primary,) Cold

Second (Immediate,) Pneumonia

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Jan 18th 1876

James H. Steuart, M. D.
Medical Attendant

Undertaker, Wm N. Dungee

Place of Business, 104 East St

Address Commiss of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Information by Wm N. Dungee Undertaker

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 7533

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 19 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 17th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mrs Mary Ann Adams

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 57 *Years,* ~~ ~~ *Months,* ~~ ~~ *Days.*

Color, white

~~*Married, Single,*~~ *Widow or* ~~*Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Summerset Co Md

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give street and number.} 24 George St

Cause of Death, {First (Primary,) Cancer of Side of Face & Neck
Second (Immediate,)

Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Jan 19 1876

{*Undertaker,* Thos. F. Hughes
Place of Business, E. Balto St

James F Sleman M. D.

Address Commiss of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Information Sidney Adams Son of deceased

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 7527

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 18th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Cecelia Sweeney

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 87 *Years,* —— *Months,* —— *Days.*

Color, White

~~Married, Single~~, *Widow* ~~or Widower~~, {Cross out the word is not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland. 8 years

Duration of Residence in the City of Baltimore, 8 years

Place of Death, {Give street and number.} 27 Booth St

Cause of Death, {First (Primary,) Old Age

{Second (Immediate,) General decay old age

Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, Jan 20 1876

James A Steuart M. D.
Health Officer

{*Undertaker,* J. B. Cook

{*Place of Business,* 707 N. Balto St

Address Commrs of Health & Registrars

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Information by J. B. Cook Undertaker

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7555

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 18 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 17th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Freedonia Fulton

~~*Sex, Male or Female,*~~ {Cross out the word not required in this line.}

Age, ~~Years,~~ 7 *Months,* *Days.*

Color, white *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} No. 7 Irvin Place Balto.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 7 Irvin Place

Cause of Death, First (Primary,) Intestinal Catarrh

Second (Immediate,) 3 days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Pennsylvania

Date of Burial, Jan 20th 1876

R W Manspeil M. D.
Medical Attendant.

Undertaker, Hughes & Co

Place of Business, 65 S Broadway *Address* 117 S Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

(Transit 319)

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7536

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 17th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Estella Duff

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, ... *Years,* 16 *Months,* ... *Days.*

Color, white *Sex,* ...

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. city. East ave.

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number.} 187 Madeira alley

Cause of Death, {First (Primary,) ... Second (Immediate,) Pneumonia

Duration of Last Sickness, one wk

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, January 19 76

Undertaker, John C. Schuck

Place of Business, 263 Aliceanna *Address* 117 Broadway

R. W. Mansfield M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7557

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 17th

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } George Oswinkle

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, ____ *Years,* Five *Months,* 1 *Days.*

Color, ____ *Sex,* Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, ____

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Five months

Place of Death, { Give street and number. } 3600 N. Washington St

Cause of Death, { First (Primary,) Phthisis
Second (Immediate,) }

Duration of Last Sickness, ____

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, Jan 19th 1876

Undertaker, City

Place of Business, 52 N. Broadway

Daniel L. Powell M. D.
Medical Attendant.

Address No 29 Augusta St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 7538

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 18 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 17th of Jan. 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Cora Felton Somers

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, — *Years,* 9 *Months,* — *Days.*

Color, White *Sex,*

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, All her life

Place of Death, {Give street and number.} No. 29 S. Ann St.

Cause of Death, {First (Primary,) Whooping Cough

{Second (Immediate,) Bronchial Phthisis

Duration of Last Sickness, about 7 months

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, Jan 19/76

{*Undertaker,* Amey

{*Place of Business,* 574 Broadway

E. F. Bonis *M. D.*
Medical Attendant.

Address No. 406 E. Balto. St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK OF CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7539

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 19 1876 BALTIMORE

Date of Death, Jan 17 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Miss Sarah Johnston

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 91 *Years,* —— *Months,* —— *Days.*

Color, white

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland — 50 years —

Duration of Residence in the City of Baltimore, 50 Years

Place of Death, {Give street and number.} 115 N. Fremont St

Cause of Death, First (Primary,) old Age

Second (Immediate,) General decay

Duration of Last Sickness, 5 years

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Jan 19 1876

Undertaker, J. B. Blackiston & Son

Place of Business, W. Balto St

James A Steuart M. D.

~~Physician in attendance.~~

Address Commiss of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Information by Samuel H. Mulley friend

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7660

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 18 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jany 16th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Minerva Osburn

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 58 *Years,* *Months,* *Days.*

Color, White *Sex,*

~~*Married, Single,*~~ *Widow or* ~~*Widower,*~~ {Cross out the words not required in this line.}

Occupation, Cook

Birthplace, {State or country (and how long in the United States, if of foreign birth.} — Maryland

Duration of Residence in the City of Baltimore, — 40 years

Place of Death, {Give street and number.} Univ Hospital Cor Lombard & Greene

Cause of Death, {First (Primary,) Phthisis / Second (Immediate,) Asthenia

Duration of Last Sickness, Two months

All the above information should be furnished by the Physician.

Place of Burial, Western Cem. T A Ashby M. D.

Date of Burial, Jany 18th Medical Attendant.

{*Undertaker,* G.B. Blackiston & Son

{*Place of Business,* 606 W. Balt. St. *Address* Univ Hospital,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7561

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 18 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 17th 76

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Burns

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* 9 *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 117 Harford Ave

Cause of Death, { First (Primary,) Scrofula
Second (Immediate,)

Duration of Last Sickness, 1 year

All the above information should be furnished by the Physician.

Place of Burial, St Peters

Date of Burial, Jan 18 - 1876

{ *Undertaker,* Thos L Poderway
{ *Place of Business,* h & 6r Seminary Ave & Monument St

Jno. Brooke Boyle M. D.
Medical Attendant.

Address 174 E Eager St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases &c.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7562

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 12 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 17th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elisabetha Kortkamp

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, 46 *Years,* — *Months,* — *Days.*

Color, White *Sex,* female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, House wife

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Linnen, Westphalia, Germany

Duration of Residence in the City of Baltimore, 22 years

Place of Death, {Give street and number.} 196 S. Exeter st

Cause of Death, {First (Primary,) Pulmonary Phthisis

{Second (Immediate,) Pneumonia

Duration of Last Sickness, one year (one week)

All the above information should be furnished by the Physician.

Place of Burial, Trinity Cemetary

Date of Burial, Jan 18th 1876

{*Undertaker,* Geo Crockett

{*Place of Business,* 707 Eastern Av

St Vincent M. D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7563.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 18 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 16. 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Elizabeth R. Cochran

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 39 *Years,* *Months,* *Days.*

Color, White *Sex,* Female.

Married, ~~Single, Widow or Widower~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Kentucky

Duration of Residence in the City of Baltimore, 20 years.

Place of Death, {Give street and number.} 28 McCulloh St.

Cause of Death, { First (Primary,) / Second (Immediate,) } Consumption, 6 mos.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Green mount cem. L. H. Hirsch M. D.

Date of Burial, Jan 18 1876 Medical Attendant.

Undertaker, { / Place of Business, } 60 Gas Balto Address 45 E. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS,

Permit No. 7564

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. JAN 18 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 17 — 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Hyslop

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, *Years,* 11 *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 128 Druid Hill Av.

Cause of Death, First (Primary,) Scarlatina

Second (Immediate,)

Duration of Last Sickness, About one week

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Cemetery

Date of Burial, Jan 18 1876

J. E. Atkinson M. D.
Medical Attendant.

Undertaker, H. T. Nauert

Place of Business, 457 Saratoga St *Address* 209 W. Biddle St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on ba[illegible]reau.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7565.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 19 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan. 17th 76

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Geo. Washington Frazer Graves

Sex, Male ~~*or Female*~~, {Cross out the word not required in this line.}

Age, One *Years,* Eleven *Months,* One *Days.*

Color, White *Sex,*

~~*Married*~~, *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Scranton. Pa

Duration of Residence in the City of Baltimore, all his life

Place of Death, {Give street and number.} 153 E. Monument St. Balt.

Cause of Death, First (Primary,) Cystic Tum

Second (Immediate,) Inflam. Brain

Duration of Last Sickness, Ten days

All the above information should be furnished by the Physician.

Place of Burial, Balto. Cemetery

Date of Burial, Jan. 20th 1876

Undertaker, John F. C. Offutt

Place of Business, 27. Orleans St.

E. Leroy Jones M. D.

Medical Attendant.

Address 67 E. Balt. St. City

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7566

The Physician who attended any person in a last Illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 18 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jany. 18th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Edward Daniel Melchior

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 2 *Years,* 2 *Months,* ——— *Days.*

Color, White *Sex,* Male

~~Married, Single, Widow or~~ Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. City—

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 321 Mulberry St-

Cause of Death, {First (Primary,) Diphtheria
Second (Immediate,) Closure of the glottis by false membrane

Duration of Last Sickness, Nine days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial January 19th 1876.

Undertaker, F. N. Stoll

Place of Business, 90 S. Howard St

Louis W. Knight M. D.
Medical Attendant.

Address 112 N. Greene St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

THE SPECIAL ATTENTION OF PHYSICIANS IS RESPECTFULLY INVITED TO THE [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7567

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jany 16th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named give names of parents.} Cecilia Murry

Sex, Male or Female, {Cross out the word not required in this line,} Female

Age, — *Years,* — *Months,* 8 Days

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City since birth

Duration of Residence in the City of Baltimore.

Place of Death, {Give street and number} 58 Wm Sam Alley

Cause of Death, {First (Primary,) / Second (Immediate,)} Accidentally Burned. Sudden

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, [illegible]

Date of Burial, [illegible]

Undertaker, [illegible]

Place of Business, [illegible]

R. C. Lee M. D.

~~Medical Attendant~~ Coroner M. D.

Address N. W. cor Hanover & Barre Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST OF DISEASES [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7568

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 18 1876 BALTIMORE

Date of Death, Jan 17 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wm A Sofolia Emmons (Parents)

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, —— *Years,* 1 *Months,* 10 *Days.*

Color, Blk

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balty City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 25 S. Caroline Stret

Cause of Death, First (Primary,) ——

Second (Immediate,) Hydrocephaloes

Duration of Last Sickness, 6 weeks

All the above information should be furnished by the Physician

Place of Burial, Laurel Cemetery

Date of Burial, Jan 18 1876

Undertaker, I. W. Locks

Place of Business, S. Wolf St

James A Steuart M. D.
Medical Attendant.

Address Commiss of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Information Mrs Shultz Midwife

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7569

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 18 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 16th 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Isaac Ricks.

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Eighty Six *Years,* Four *Months,* Ten *Days.*

Color, Colored *Sex,* Male.

Married, Single, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Carter.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Kent County Md.

Duration of Residence in the City of Baltimore, 56 years.

Place of Death, {Give street and number.} 150. S. Washington st.

Cause of Death, First (Primary,)

Second (Immediate.) Old age,

Duration of Last Sickness, One day.

All the above information, should be furnished by the Physician.

Place of Burial, Dallas St Cemetry

Date of Burial, Jan 18th 1876

Undertaker, John W. Locks

Place of Business, 88 S. Wolf st Address 207 S. Broadway

Nicholas L. Duthiel M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST OF DISEASES [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

75-76

Permit No. 9570

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPART. JAN 18 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jany 17. 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Hugh S Abbott

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 19 *Months,* ..... *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State of country (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 16 Austin Lane

Cause of Death, {First (Primary,) Hydrocephalus
Second (Immediate,)

Duration of Last Sickness, One week

All the above information should be furnished by the Physician

Place of Burial, Western Cemetery

Date of Burial, Jan 19th 1876

Undertaker, Armstrong & Denny

Place of Business, 263 Light St

D. A. Hodge *M. D.*
Medical Attendant.

Address 201 Hanover St, Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on ba[illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7571

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 13 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 18 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} George H. Hecht

~~*Sex,*~~ *Male or* ~~*Female,*~~ {Cross out the word not required in this line.}

Age, 74 *Years,* 10 *Months,* 16. *Days.*

Color, *Sex,* male

~~*Married,*~~ ~~*Single,*~~ ~~*Widow*~~ *or Widower,* {Cross out the words not required in this line.}

Occupation, Cabinet maker

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 22 years

Place of Death, {Give street and number.} 10 Mc Clellans Alley

Cause of Death, First (Primary,) Angina gangren.

Second (Immediate,) Inanition

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Lauden Park Cemetery

Date of Burial, Jan. 19. 1876

Undertaker, A. Rosing

Place of Business, 136. E Fayette st

L Gilbert M. D.
Medical Attendant.

Address 137 W. Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7572

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH OFFICE JAN 18 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 17th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Francis Bonne

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 56 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Cabinetmaker

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany — 36 years.

Duration of Residence in the City of Baltimore, 36 years

Place of Death, {Give street and number.} 107 Lancaster St

Cause of Death, First (Primary,) —

Second (Immediate,) — Bronchitis.

Duration of Last Sickness, Four weeks

All the above information should be furnished by the Physician

Place of Burial, St. Stephens Cimetery

Date of Burial, January 19th 1876

Undertaker, H. H. Gibneyer

Place of Business, 341 Canton Av.

A. F. Erich M. D.
Medical Attendant.

Address 94 S. Broadway.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on ba[illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. ~~X~~ 7573

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 18 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 18. January 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Franz Breitenbach

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ____ *Years,* 1 *Months,* 5 *Days.*

Color, white *Sex,* male

~~*Married, Single, Widow or Widower*~~ {Cross out the words not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

~~*Duration of Residence in the City of Baltimore,*~~

Place of Death, {Give street and number.} No 6 Durham near Balt St.

Cause of Death, First (Primary,) ____

Second (Immediate,) Spasmi.

Duration of Last Sickness, 1 day.

All the above information should be furnished to the Physician.

Place of Burial, Emanuel Cemetery

Date of Burial, January 19. 9a Mark

Rob. Anthon. M. D.
Medical Attendant.

Undertaker, Friedrich Gaede

Place of Business, No. 155 E. Pratt St. *Address* 42 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on B...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7574

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 18th January 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Andreas Kuegel

Sex, Male or ~~Female,~~ {Cross out the word not required in this line.}

Age, 3 *Years,* 6 *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, during lifetime

Place of Death, {Give street and number.} N. Duncan Alley Nro 38

Cause of Death, {First (Primary,) Meningitis, cerebro & spinales / Second (Immediate,) Paraplegia

Duration of Last Sickness, 5 weeks

All the above information should be furnished by the Physician

Place of Burial, N. Cath. Cem.

Date of Burial, Wed. Jan 19/76

Undertaker, John Braun

Place of Business, 77 S. Wolfe St. *Address* S. Wolfe St. 77

William Kuegel M. D.
Medical Attendant

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST OF DISEASES OF ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7573

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 19 1876 BALTIMORE

Date of Death, Jan 18th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Elizabeth Linsau

Sex, ~~*Male or Female,*~~ {Cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 21 *Days.*

Color, White.

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Md William H

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 269 William St.

Cause of Death, {First (Primary,) Tetanus, Second (Immediate,) Traumatic

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician

Place of Burial, Mt Olivet

Date of Burial, Jan. 19th 1876

Undertaker, J. H. Herring

Place of Business, 240 Hanover

Geo. W. Dunn M. D.
Medical Attendant.

Address 18 N Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7576

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. JAN 19 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 18th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Catherine Virginia Dorsey

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 21 *Years,* — *Months,* — *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Wife

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 29 Williamson St

Cause of Death, First (Primary,) Puerpal Convulsion

Second (Immediate,)

Duration of Last Sickness, 1 day

All the above information should be furnished by the Physician

Place of Burial, Baltimore Cemetery

Date of Burial, January 19 1876

Undertaker, Chas. H. Reid

Place of Business, No 161 Hanover St

Geo. H. Dobson M. D.,
Medical Attendant.

Address 144 Hanover St City

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on ba[illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7577

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 19 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 17th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Rose McDermott

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.} Female

Age, Two *Years,* ——— *Months,* ——— *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ———

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Two years

Place of Death, {Give street and number.} No. 5 Wills St

Cause of Death, First (Primary,) Catarrhal Pneumonia

Second (Immediate,) Apnoea

Duration of Last Sickness, Eleven days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, January 18th

John S. Lynch M. D.
Medical Attendant.

Undertaker, Wilson White

Place of Business, [illegible] Bond

Address 194 E. Pratt St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on B...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7578

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 19 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 17th 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James Buxton, Senior,

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.} Male

Age, 78 *Years,* *Months,* *Days.*

Color, White. *Sex,* Male

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.} Married.

Occupation, Retired Farmer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Batto County Md

Duration of Residence in the City of Baltimore, Two years.

Place of Death, {Give street and number.} 111 N High St.

Cause of Death, First (Primary,) Debility of Old age.

Second (Immediate,)

Duration of Last Sickness, about three weeks.

All the above information should be furnished by the Physician.

Place of Burial, Wenchapel, Balt Co

Date of Burial, Jan 19th 10 Oclock

D Webster Cathell M. D.
Medical Attendant.

Undertaker, George C Rodenmayer

Place of Business, 38 Green St

Address 1½ S Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7579

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. JAN 19 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 17th 1876

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } John H Hall's

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Three *Years,* *Months,* Seventeen *Days.*

Color, Colored *Sex,* Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } No 90 Chestnut alley

Cause of Death, { First (Primary,) Bronchitis / Second (Immediate,)

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Western Cem'd

Date of Burial, January 19 1876

Undertaker, Mott C Perry

Place of Business, West St *Address* No 4 McCulloh St

H. S. Bowie *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of Illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on b...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7580

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 19 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 18, 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Anderson

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 45 *Years,* *Months,* *Days.*

Color, White *Sex,*

~~*Married, Single, Widow or*~~ *Widower,* {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 25 years

Place of Death, {Give street and number.} Union Prot. Infirmary

Cause of Death, First (Primary,) Cancer of throat

Second (Immediate,)

Duration of Last Sickness, Eight months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem. Chas Fawcett M. D.

Date of Burial, Jan 19th 1876 Medical Attendant.

Undertaker, Chas F Scriven

Place of Business, 271 W. Eutaw St *Address* 13 Mosher St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on B...

Board of Health, City of Baltimore,

Permit No. 7581. OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last Illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 19 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan. 18th 76

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Antony Gustave

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 66 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } *Sex,* Widower

Occupation, Dont know

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, Dont know

Place of Death, { Give street and number. } 1 Lee st

Cause of Death, { First (Primary,) Second (Immediate,) } Rheumatism, Just. Little Pelvis of the Pen

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus -

Date of Burial, Jan 19 1876

Undertaker, H. Schultheis

Place of Business, E. Monument St

Jno. Burke Boyle M. D.
Medical Attendant.

Address 194 E. Eager st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Att... Physicians is respectfully invited to the remarks below, and to List of Diseases on ba...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7582

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 19 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 18" 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James Christie

~~*Sex,*~~ *Male or* ~~*Female,*~~ {Cross out the word not required in this line.}

Age, 63 *Years,* *Months,* *Days.*

Color, white *Sex,*

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Store Keeper

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 17 yrs.

Place of Death, {Give street and number.} 156 East. ave.

Cause of Death, First (Primary,) Cirrhosis of liver

Second (Immediate,)

Duration of Last Sickness, 2 mos.

All the above information should be furnished by the Physician.

Place of Burial, Mount Comfort R. W. Mansfield *M. D.*

Date of Burial, 20th of January. Medical Attendant.

Undertaker, Hamilton & Lynch *Address* 117 S. Broadway

Place of Business, 61 S. Bond St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

PHYSICIANS IS RESPECTFULLY INVITED TO THE REMARKS BELOW, AND TO LIST OF DISEASES ON BA

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7883

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT JAN 19 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 18th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James Anderson

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 70 *Years,* ——— *Months,* ——— *Days.*

Color, white

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Barber

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 32 Stirling St

Cause of Death, {First (Primary,) Pthisis / Second (Immediate,)}

Duration of Last Sickness, 1 yr 9 months

All the above information should be furnished by the Physician

Place of Burial, St. Vincents Cemetery

Date of Burial, Jan 20th 1876

Name of Attending Physician, Samuel Alexander *M. D.* ~~Medical Attendant~~

Undertaker, Jas P. Byrne

Place of Business, Front St *Address* Commiss of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Information by Jas P. Byrne Undertaker

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases [illegible]

Board of Health, City of Baltimore,

Permit No. 7584

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. JAN 19 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 19th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} ~~Unknown~~ Krafft (Guessed)

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, *Years,* Five *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} No 18 Eastern Ave Baltimore Md.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 18 Eastern Ave.

Cause of Death, First (Primary,) Second (Immediate,) Weakness.

Duration of Last Sickness, One day.

All the above information should be furnished by the Physician.

Place of Burial, Lonely Church

Date of Burial, January 1876

Undertaker, J. Frey

Place of Business, No 21 Eastern Ave

Jacob Cullmus M. D.
Medical Attendant.

Address No 152 S. High St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

of Physicians is respectfully invited to the remarks below, and to List of Diseases on

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7585

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 15 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan 16 — 1876

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Wm Ann Edwards

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 28 *Years,* *Months,* *Days.*

Color, Colored *Sex,* Widow

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Dorchester County

Duration of Residence in the City of Baltimore, for the Last five Years

Place of Death, { Give street and number. } No 83 Little Monument St

Cause of Death, { First (Primary,) Disease of Lungs with Asthma for a Second (Immediate,) number of Years — Had Hemorrhage from Lungs — and Dysentery Phthisis

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Jan 19th 1876

Undertaker, Wm Lamb Jno

Place of Business, 65 Monument St *Address*

Buckler Jones M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

E T Y ▲ F I L M

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 7586

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. JAN 19 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan. 17 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} David Duble

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 1 *Years,* 5 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Co Md

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} No 67 Dol. Eldridge st

Cause of Death, {First (Primary.) Second (Immediate.)} Convulsions

Duration of Last Sickness, 16 Days

All the above information should be furnished by the Physician

Place of Burial, St. Patricks Cemetery

Date of Burial, January 20th 1876

{*Undertaker,* H. M. Gibmeyer
Place of Business, 341 Eastern Ave.}

Dr. [illegible] *M. D.*
Medical Attendant.

Address [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

D A K S A F E

Physicians is respectfully [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7587

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 19 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 18th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Eliza Jay

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 86 yrs *Years,* *Months,* *Days.*

Color, White *Sex,* female

~~*Married, Single,*~~ *Widow* ~~*or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Her Whole life

Place of Death, {Give street and number.} 263 N Lombard St

Cause of Death, First (Primary,)

Second (Immediate,) old age

Duration of Last Sickness, 45 days under treatment

All the above Information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Jan 21 1876

Undertaker, I. B. Blackistone & Son

Place of Business, W. Balto St *Address* 53 N Paca St Balto

W W Hammond M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST OF DISEASES...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7588

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. JAN 19 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 19th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} ~~Parent~~ Z A. Neal Bauchamp

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 2 One *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth)} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 3 St. Marys Court

Cause of Death, First (Primary,) ——— Second (Immediate,) Convulsions

Duration of Last Sickness, one day

All the above information should be furnished by the Physician

Place of Burial, St. Peters Cemetery

Date of Burial, Jan 19 1876

Undertaker, McCaull Bros

Place of Business, Saratoga St

James H Neal M. D.
~~Attending Physician~~

Address Commissr of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Information by John T. Bauchamp Father

...ion of Physicians is respectfully invited to the remarks below, and to List of Diseases on ba...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7589

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. JAN 19 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 18th Jan. 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lulu Bek.

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 3 *Years,* 3 *Months,* 11 *Days.*

Color, White *Sex,* Female

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 83 Druid Hill Ave.

Cause of Death, First (Primary,) Double Pneumonia

Second (Immediate,) Asphyxia

Duration of Last Sickness, Two Weeks

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cem. Chas. F. Deaver M. D.

Date of Burial, Jan 20 1876 Medical Attendant.

Undertaker, Jacob Weaver

Place of Business, No 486 Druid Hill Avenue *Address* 128 Park Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

PHYSICIANS IS RESPECTFULLY INVITED TO THE REMARKS BELOW, AND TO LIST OF [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7591

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 19 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 18th Jan 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Allman

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 73 *Years,* *Months,* *Days.*

Color, white

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 23 Years

Place of Death, {Give street and number.} Kaufmans Court

Cause of Death, {First (Primary,) old age

Second (Immediate,)

Duration of Last Sickness, Unknown

All the above information should be furnished by the Physician.

Place of Burial, St Peters

Date of Burial, Jan [redacted] 1876

Undertaker, Joseph F Byrne

Place of Business, 55 & Liberty *Address* 201 Hanover St

H. W. Dodge *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...n of Physicians is respectfully invited to the remarks below, and to List of Diseases on ba...

Board of Health, City of Baltimore,

1591

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7591

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 19 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 18th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary S. Minor

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 68 *Years,* *Months,* *Days.*

Color, White *Sex,*

~~Married, Single~~, *Widow or* ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore County

Duration of Residence in the City of Baltimore, about 30 years

Place of Death, {Give street and number.} 224 Madison Ave

Cause of Death, First (Primary,) Cancer of Breast

Second (Immediate,)

Duration of Last Sickness, about 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Green mount

Date of Burial, Jan 20th

Undertaker, Geo Wiegner

Place of Business, 206 Forest st

O. E. Williams M. D.
Medical Attendant.

Address 201 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be ferther enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

PHYSICIANS IS RESPECTFULLY INVITED TO THE REMARKS [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7592

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPAR... JAN 20 1896 ...MORE

Date of Death, Jan 18th 1896

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mc M, O Donnell

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 7 *Years,* 6 *Months,* 2 *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 275 W. Mu St

Cause of Death, First (Primary,) Scarlet fever

Second (Immediate,)

Duration of Last Sickness, 16 ~~Weeks~~ days

All the above information should be furnished by the Physician

Place of Burial, Greenmount Balto

Date of Burial, Jan 20th 1896

J. W. Hodge *M. D.*
Medical Attendant.

Undertaker, C. F. Krause

Place of Business, 209 Hanover st *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

PHYSICIANS IS RESPECTFULLY INVITED TO THE REMARKS BELOW, AND TO LIST OF DISEASES [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7593

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 20 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 18 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Thomas James Lacy

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 2 *Years,* 10 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 653 Light St

Cause of Death, First (Primary,) Sarcatina & Diphtheria

Second (Immediate,) Adenitis

Duration of Last Sickness, 4 weeks

All the above information should be furnished by the Physician

Place of Burial, St Mary's Cemetery Govans

Date of Burial, Jan 20th 1875

Undertaker, Jas P Byrne *Address* 152 Hanover

Place of Business, 63 Pratt & 102 Smith

D A Mellon M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST OF DISEASES [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7591

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 20 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jany 19 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth J. Bians

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 32 *Years,* *Months,* *Days.*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore.

Place of Death, {Give street and number.} 293 Light st

Cause of Death, {First (Primary,) Phthisis

{Second (Immediate,)

Duration of Last Sickness, Four years

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cemy J. H. Webster M. D.

Date of Burial, Jan 21 1876 Medical Attendant.

Undertaker, Armstrong & Son *Address* 57 Barnes

Place of Business, 263 Light st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...f Physicians is respectfully invited to the remarks below, and to List of Diseases on ba...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7595.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 20 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan. 18th 1876

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } David Mc. Curtis

~~Sex~~, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 45 *Years,* *Months,* *Days.*

Color, Dark *Sex,*

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Married

Occupation, Laborer

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Balto. Md.

Duration of Residence in the City of Baltimore, During life

Place of Death, { Give street and number. } 264 South Sharp St.

Cause of Death, { First (Primary,) Chronic Bronchitis & Emphysema
Second (Immediate,) Dilatation of Heart

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Lawnd Cemetery

Date of Burial, Jan. 22. 76

Undertaker, [illegible]

Place of Business, [illegible] *Address* [illegible]

R. M. Hall M. D.
Medical Attendant.

266 S. Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...hysicians is respectfully invited to the remarks below, and to List of Diseases on ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7596

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN DEPAR
JAN 20
1876
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 14th 76

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John H Carey

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 1 Years, 6 Months, 3 Days.

Color, Colored *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Waiter

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 14 Filmore St

Cause of Death, First (Primary,) Bronchitis

Second (Immediate,) Pleurisy

Duration of Last Sickness, 12 Days

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, Jan 22 76

Undertaker, Samuel W. Lehmer

Place of Business, 19 N. Howard St

H. S. Lane M. D.
Medical Attendant.

Address Cor Pine & George Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...hysicians is respectfully invited to the remarks below, and to List of Diseases...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7597

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 20 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 19, 76

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henry Innes

~~*Sex*~~, *Male or Female,* {~~Cross out~~ the word not required in this line.}

Age, —— *Years,* — 1 *Months,* 4 *Days.*

Color, Mulatto *Sex,* male

~~*Married*~~, *Single,* ~~*Widow or Widower,*~~ {~~Cross out~~ the words not required in this line.}

Occupation, —— none

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, 3 4 days

Place of Death, {Give street and number.} 29 Oxford St

Cause of Death, First (Primary,) Cyanosis

Second (Immediate,)

Duration of Last Sickness, 3 4 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery Lewis McCashman M. D.

Medical Attendant.

Date of Burial, Jan 22 76

Undertaker, J. W. C. Mann

Place of Business, 1422 Thames St *Address* 349 Lancaster

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Physicians is respectfully invited to the remarks below, and to List of Diseases on Ba...

Board of Health, City of Baltimore,

7378

Permit No. 7598

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. JAN 20 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 18th 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Caroline Andrews

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 1 *Years,* 6 *Months,* 12 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 2. Haselbinger's Court.

Cause of Death, First (Primary,) Pneumonia.

Second (Immediate,)

Duration of Last Sickness, 4 weeks.

All the above information should be furnished by the Physician.

Place of Burial, Western Cem.

Date of Burial, Jan 20th 1876

J. E. Hamilton M. D.
Medical Attendant.

Undertaker, Louis Kaehler

Place of Business, cor Sharp & Cross sts. *Address* 321 Light st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Physicians is respectfully invited to the remarks below, and to List of Diseases on ba

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7599.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPART JAN 20 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 19th 76

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Catherine Kelley

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 65 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, Dont Know

Place of Death, {Give street and number.} Inst. Little Sisters of the Poor

Cause of Death, First (Primary,) Obstruction of the bowels

Second (Immediate,)

Duration of Last Sickness, 3 days.

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cimetery

Date of Burial, Jan 20th 1876

Jno. Brooke Boyle M. D.
Medical Attendant.

Undertaker, Henry Schultheis

Place of Business, E. Monument Address 174 E. Eager St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...hysicians is respectfully invited to the remarks below, and to ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7600

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT JAN 20 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 20th 1876.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } John. S. Jenkins

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 2 *Years,* 10 *Months,* *Days.*

Color, *Sex,* male

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Balto City

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 15 Williamson St.

Cause of Death, { First (Primary,) / Second (Immediate,) } Convulsions

Duration of Last Sickness, five days

All the above information should be furnished by the Physician.

Place of Burial, Bath Cemet

Date of Burial, Jan 21st 1876

Undertaker, Armstrong & Dem

Place of Business, 263 Light St

R. J. H. Tall M. D.
Medical Attendant.

Address 15-8, 9, Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...SICIANS IS RESPECTFULLY INVITED TO THE REGULATIONS RELATIVE ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7601

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

JAN 20 1876 BALTIMORE

Date of Death, 19th Jan 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Amelia Augusta Baetz

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 11 *Months,* 19 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word is not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore.

Place of Death, {Give street and number.} Castle St No 69

Cause of Death, First (Primary,) Scarlet Fever

Second (Immediate,) Convulsions

Duration of Last Sickness, one day

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem

Date of Burial, Jan 20th 1876

Undertaker, Chas T Scriven

Place of Business, 271 N. Eutaw St

H. W. Hodge M. D.
Medical Attendant.

Address 201 Hanover

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

...Physicians is respectfully invited to the remarks below, and to List of Diseases on ba...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7602

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPART. JAN 20 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nineteenth of January 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mr. A. H. Armistead

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, Seventy One *Years,* Eight *Months,* *Days.*

Color, White *Sex,* Male

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, during Life

Place of Death, {Give street and number.} 223 N Charles St

Cause of Death, First (Primary,) Typhoid fever

Second (Immediate,)

Duration of Last Sickness, Sixteen days

All the above information should be furnished by the Physician.

Place of Burial, Green Mt. Cemetery

Date of Burial, 22nd Jan. 1876

Undertaker, A.W. Jenkins & Son

Place of Business, 16 Light St.

Thomas Shearer M. D.
Medical Attendant.

Address 27 N. Charles St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...of Physicians is respectfully invited to the remarks below, and to List of Diseases on ba...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7603

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

...DEPAR...
JAN
20
1876
...ALTIMORE...

CERTIFICATE OF DEATH.

Date of Death, Jany 19/1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Nathan Bond

Sex, Male or Female, {Cross out the word not required in this line.}

Age, about 50 *Years,* *Months,* *Days.*

Color, Black *Sex,* Male

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Unknown

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Goodman's alley

Cause of Death, First (Primary,) Spinal Sclerosis

Second (Immediate,)

Duration of Last Sickness, 10 a 15 years

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery W. G. Harrison M. D.

Date of Burial, Jany 20th 1875 Medical Attendant.

Undertaker, Wm J Gray

Place of Business, 65 Hanover St *Address* Balto. General Dispensary

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...hysicians is respectfully invited to the remarks below, and to List of Diseases on B...

Board of Health, City of Baltimore,

Permit No. 7604

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPART... JAN 20 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Monday 17th Inst

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ellen Ford

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 45 *Years,* *Months,* *Days.*

Color, Mulatto *Sex,* Female

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Washerwoman

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Hampshire

Duration of Residence in the City of Baltimore, about 25 years

Place of Death, {Give street and number.} 4 Canal alley

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate.) Hemiplegia 1 week 2 days

Duration of Last Sickness, about 3 months

All the above information should be furnished by the Physician.

Place of Burial, Col Sharp Street

Date of Burial, January 21st 1876

John Dickson *M. D.*
Medical Attendant.

Undertaker, John C. Gordon

Place of Business, No 62 Parkish *Address* Col Sharp Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...hysicians is respectfully invited to the remarks below, and to List of Diseases on ba...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7605

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 20 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 19 January 1876

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Karl Tulp.

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, — *Years,* 11 *Months,* 19 *Days.*

Color, white *Sex,* male

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 382 Aisquith

Cause of Death, { First (Primary,) } Cerebro Meningitis.
{ Second (Immediate,) }

Duration of Last Sickness, 12 days.

All the above Information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, January 21 1876

C. Matthews M. D.
Medical Attendant.

Undertaker, Henry Heuer

Place of Business, 249 Central Ave Address 57 Aisquith St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

...ICIANS IS RESPECTFULLY INVITED TO THE REGULATIONS BELOW; ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7606.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. JAN 20 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 19 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Thesen

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 47 *Years,* ——— *Months,* ——— *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany — 19 yrs

Duration of Residence in the City of Baltimore, 19 years

Place of Death, {Give street and number.} 220 N. W. Chase St

Cause of Death, {First (Primary,) ——— Second (Immediate,)} Chronic Rheumatism

Duration of Last Sickness, 3 years

All the above information should be furnished by the Physician

Place of Burial, St. Alphonsus

Date of Burial, Jan 21 1876

Undertaker, Henry Hoeck

Place of Business, 309 Central Av

James H. Steuart M. D.

Address Commiss of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Information by Henry Hoeck Undertaker

hysicians is respectfully invited to the remarks below, and to List of Diseases on B

Board of Health, City of Baltimore,

Permit No. 7607 — OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 20 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 19 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Frank Gies

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Five *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore All a Journ life

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 344 N Eutaw St

Cause of Death, First (Primary,) Acute Bronchitis

Second (Immediate,)

Duration of Last Sickness, Four days

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, January 21th 1876

Undertaker, Jos. Loane

Place of Business, 568 W. Balto St

D. G. Dain M. D.
Medical Attendant.

Address 69 Mulberry St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...SICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST OF DISEASES ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 7608

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

JAN 20 1876

Date of Death, Jan 19th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles A Hall

Sex, Male or Female, {Cross out the word not required in this line,} Male

Age, 2 *Years,* 5 *Months,* 14 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the wor is not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore.

Place of Death, {Give street and number.} 65 S Broadway

Cause of Death, First (Primary,) Intus-susception

Second (Immediate,) Exhaustion

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician

Place of Burial, Baltimore Cemetery

Date of Burial, Jan 21st 1876

Undertaker, Hughes & Co

Place of Business, 65 S Broadway *Address*

Dr. Thos [illegible] *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

ysicians is respectfully invited to the remarks below, and

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7609

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 20 1876 BALTIMORE

Date of Death, January 20th, 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mrs. Frances A. Mat[illegible]

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 43 *Years,* 9 *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, Twelve Years

Place of Death, {Give street and number.} No 44 Walsh St.

Cause of Death, First (Primary,) Consumption

Second (Immediate,)

Duration of Last Sickness, Two Months

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery Wm H. Clendinen M. D.

Date of Burial, Jan 21 1876 Medical Attendant.

Undertaker, Wm Fox

Place of Business, N. Broadway *Address* No. 93 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...ysicians is respectfully invited to the remarks below, and to list of diseases on ba...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7610

The Physicim who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 20 1896 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jany 15

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } James E. Parker

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, Years, 9 Months, 8 Days.

Color, Colored Sex, Male

Married, ~~Single, Widow or Widower~~, { Cross out the words not required in this line. }

~~Occupation~~,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } U. S. Maryland Balt.

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } ~~1 E Chatham~~ 12 Stockton Alley

Cause of Death, { First (Primary,) Bronchitis

Second (Immediate,) "

Duration of Last Sickness, About 2 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Jan 20th 96

{ *Undertaker,* John B. Williams *Address*

{ *Place of Business,* 167 Lee St

R. K. Kuhn M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

hysicians is respectfully invited to the remarks below, and to ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7611

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 20 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 19th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Helen Rosalie Kemp

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 5yr *Years,* eight- *Months,* twenty nine *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ———

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} N 351 E. Baltimore St

Cause of Death, { First (Primary,) Tubercular Meningitis
Second (Immediate,)

Duration of Last Sickness, About Three weeks

All the above information should be furnished by the Physician.

Place of Burial, St. Patricks

Date of Burial, Jan 21 1876

Undertaker, M a Daiger

Place of Business, 7405 B'my

H. Thatard M. D.
Medical Attendant.

Address N 114 Park Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...ysicians is respectfully invited to the remarks below, and to use of ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7612,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 20 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 19th 76

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Thomas Colbert,

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 22 *Years,* — *Months,* — *Days.*

Color, Colored *Sex,* Male

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Dredging,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Washington City.

Duration of Residence in the City of Baltimore, 2 yrs

Place of Death, {Give street and number.} Washington University Hosp

Cause of Death, First (Primary,) Phthisis Pulmonalis,

Second (Immediate,)

Duration of Last Sickness, 15 months,

All the above information should be furnished by the Physician.

Place of Burial, E. Potters Field

Date of Burial, Jan 20th 1876

A. L. Wolfe, M. D.
Medical Attendant.

Undertaker, W. Donovan

Place of Business, Central Av *Address* W. U. Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...SICIANS IS RESPECTFULLY INVITED TO THE REMARKS BELOW, AND TO LIST OF...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7613,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 20 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 19 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Frances Washington

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 115 *Years,* — *Months,* — *Days.*

Color, Colored

Married, ~~Single, Widow or Widower.~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Virginia.

Duration of Residence in the City of Baltimore, 10 Years

Place of Death, {Give street and number.} 127 Chesnut alley

Cause of Death, {First (Primary,) old age

{Second (Immediate,) General Debility.

Duration of Last Sickness, 3 Months

All the above information should be furnished by the Physician

Place of Burial, Laurel Cemetery

Date of Burial, Jan 21 1876 James H. Chenault M. D.

{*Undertaker,* Family

{*Place of Business,* — — —

Address Commiss of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Information by Elizabeth Hunt Daughter of deceased

Physicians is respectfully invited to the remarks below, and to List of Diseases on bac

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7614

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 19th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Grace Dennis

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ____ *Years,* Three *Months,* Eight *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 17 Bath St

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 17 Bath St

Cause of Death, First (Primary,) Marasmus

Second (Immediate,)

Duration of Last Sickness, Life

All the above Information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, January 20th

C. E. Wm M. D.
Medical Attendant.

Undertaker, Jas. O'Byrne

Place of Business, 63 N Smith *Address* 195 W. Fayette

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

ysicians is respectfully invited to the remarks below, and to [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7615

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law. .

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 20 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 19th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Mary Tesar

~~*Sex, Male or Female,*~~ {Cross out the word not required in this line.}

Age, *Years,* 5 *Months,* 2 4 *Days.*

Color, white *Sex,* female

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 211 N. Carolina St.

Cause of Death, First (Primary,) Scarlet Fever

Second (Immediate,) Violent pharyngeal inflammation

Duration of Last Sickness, about 4 day

All the above information should be furnished by the Physician.

Place of Burial, St Mungus Cemetery Chas. J. Kreuter *M. D.*

Date of Burial, 21 of January 1876 Medical Attendant.

Undertaker, Adam Fink.

Place of Business, N. Gay St 461. *Address* 222 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

hysicians is respectfully invited to the remarks below, and to List of Diseases on back

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7616

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 21 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 19. 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} James Baltzell McElroy

Sex, Male ~~or Female~~, {Cross on the word not required in this line.}

Age, 2 *Years,* 4 *Months,* *Days.*

Color, *Sex,*

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 5mo's 6wks,

Place of Death, {Give street and number.} 345 E. Baltimore St.

Cause of Death, First (Primary,) Scarlet Fever,

Second (Immediate,)

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral

Date of Burial, Jan 22d

Undertaker, M. A. Daiger

Place of Business, 94 Holliday

S. N. Hack M. D.
Medical Attendant.

Address 35 E. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...ysicians is respectfully invited to the remarks within, and to ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7417

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPART... JAN 20 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan. 19th 76

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Stivers Jr.

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} ...

Age, 17 *Years,* 7 *Months,* 7 *Days.*

Color, White *Sex,* ...

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Waterman

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Cumberland Co. near P.

Duration of Residence in the City of Baltimore, Nine years

Place of Death, {Give street and number.} 213 Gough St. City

Cause of Death, {First (Primary,) / Second (Immediate,)} Organic disease of Heart.

Duration of Last Sickness, Three months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Jan. 22. 1876

Undertaker, M. A. Dargen

Place of Business, 74 S. Broadway

E. Lawrence M. D.
Medical Attendant.

Address 6 E. Balt. St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

sicians is respectfully invited to the remarks below, and to LIST of Diseases on back

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7618

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 21 1876 BALTIMORE

Date of Death, January 20th, 1876 A.M.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Berman,

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.} ~~Female~~

Age, Eighty-eight (88) *Years,* five (5) *Months,* *Days.*

Color, White. *Sex,* Female

~~*Married, Single,*~~ *Widow or* ~~*Widower,*~~ {Cross out the words not required in this line.} Widow

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} No. 52 Clifford Street

Cause of Death, First (Primary,) Old age

Second (Immediate,) Nervous shock

Duration of Last Sickness, Bed ridden five weeks

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Jan 21 1876

Undertaker, Fred N. Troll

Place of Business, Howard St / *Address* No. 15 N. Howard St

Thos. W. Elderdice M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

hysicians is respectfully invited to the remarks below, and to list of Diseases on back.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7619

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPART'T JAN 21 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 20th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Edwin A Abbott

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 66 *Years,* *Months,* *Days.*

Color, white *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, U.S. Marine Commissioner

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Boston Mass

Duration of Residence in the City of Baltimore, Over forty years

Place of Death, {Give street and number.} No 113 South High

Cause of Death, First (Primary,) Softening of the brain

Second (Immediate,) Paralysis

Duration of Last Sickness, about 18 months

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery Jos. Lloyd Martin M. D.

Date of Burial, Jan 22nd 1876 Medical Attendant.

Undertaker, Thos. O. Hughes

Place of Business, 46 E Balto Address Monument

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Physicians is respectfully invited to the remarks below, and to List of Diseases on back.

Board of Health, City of Baltimore,

Permit No. 7620

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 21 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 20th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Philip Barton

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 4 *Years,* 1 *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Co.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 62 E. Lombard St.

Cause of Death, {First (Primary,) Scarlatina

{Second (Immediate,) Convulsions

Duration of Last Sickness, An Week

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemy. J. W. Hillen M. D.

Date of Burial, Jan 22d 1876 Medical Attendant.

{*Undertaker,* Ric'd Hall

{*Place of Business,* E. Baltimore St. *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...SICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK ...

Board of Health, City of Baltimore,

Permit No. 7621

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law;

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 21 1876 BALTIMORE

Date of Death, Jan 19th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles Henry Silver

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, One *Years,* One *Months,* *Days.*

Color, col

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Hanover 144

Cause of Death, First (Primary,) Scarlet Fever

Second (immediate,) Convulsions Certain

Duration of Last Sickness, 2 Weeks

All the above information should be furnished by the Physician

Place of Burial, Dallas St Cemetery

Date of Burial, Jan 21st 1876

Undertaker, John W Locks

Place of Business, 57 S. Paca St

E. L. Baldwin *M. D.*
Medical Attendant.

Address 124 N. Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

SAFETY FILM

...ysicians is respectfully invited to the remarks below, and to List of Diseases on Bac...

Board of Health, City of Baltimore,

Permit No. 7622

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 21 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 21st 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Johnnie F. Wirneing

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 2 *Years,* 2 *Months,* 3 *Days.*

Color, White *Sex,* Male

~~*Married*~~, *Single, Widow or Widower,* {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, always

Place of Death, {Give street and number.} 187 N. Caroline St

Cause of Death, First (Primary,) - Scarlet Fever

Second (Immediate.) - Double Pneumonia

Duration of Last Sickness, Three weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery Geo. B. Reynolds M. D.

Medical Attendant.

Date of Burial, Jan 23d 1876

Undertaker, Henry H. Mears

Place of Business, 195 N. Gay St *Address* 34 N. Calvert

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

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Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7623.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 21 1910 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jany 20th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Frank Sayres

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 40 *Years,* *Months,* *Days.*

Color, White *Sex,*

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, Seaman

Birthplace, {State or country (and how long in the United States, if of foreign birth.} — Unknown

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} University Hospital Lombard & Green Sts

Cause of Death, First (Primary,) Phthisis

Second (Immediate,) asthenia

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Peters

Date of Burial, Jany 21st

T. A. Ashby M. D.
Medical Attendant.

Undertaker, H. H. le Compte

Place of Business, 1418 W Pratt St *Address* University Hospital,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7624

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 21 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, ~~Las Goyne~~ Jany 20

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Las Goyne

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 73 *Years,* *Months,* *Days.*

Color, White *Sex,*

~~Married~~, ~~Single~~, ~~Widow~~ or Widower, { Cross out the words not required in this line. }

Occupation, Laborer

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Iceland

Duration of Residence in the City of Baltimore, ——

Place of Death, { Give street and number. } Infirmary Lombard & Green Sts

Cause of Death, { First (Primary,) Phthisis / Second (Immediate,) Asthenia

Duration of Last Sickness, Eleven days,

All the above Information should be furnished by the Physician.

Place of Burial, St Peters

Date of Burial, Jany 21st

T. A Ashby M. D.
Medical Attendant.

Undertaker, M H & C Perry

Place of Business, 148 N Paca st *Address* Univ Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a **Certificate** setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Physicians is respectfully invited to the remarks below, and to [illegible]

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT JAN 21 1876 BALTIMORE

Permit No. 7625

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 21st 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles Hawkins

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ____ *Years,* 1 *Months,* 15 *Days.*

Color, BLK *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ~~Married Single Widow or Widower~~

Occupation, ~~———~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Jeffirman's Ct

Duration of Residence in the City of Baltimore, ~~———~~

Place of Death, {Give street and number.} Jeffirman's Ct

Cause of Death, First (Primary,) Convulsions

Second (Immediate,)

Duration of Last Sickness, 24 hours

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetary

Date of Burial, January 21st 1876

Undertaker, James H Davis

Place of Business, No 12 Saratoga St *Address* 134 N High

J. Thoyman M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of Illegitimate children.

[OVER.

PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BA...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7626

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *completely filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 19. 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Genevieve

Sex, Male or Female, {Cross out the word not required in this line,} Female

Age, ... *Years,* ..... *Months,* 14 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth} Louisiana

Duration of Residence in the City of Baltimore, 5 days

Place of Death, {Give street and number.} St Vincents Infr Asylum

Cause of Death, First (Primary,) Atrophy

Second (Immediate,) Hydrocephaloid Convulsions

Duration of Last Sickness, 2 hours

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, June 21st 1876

Undertaker, Sisters

Place of Business, —

Mathias Brown M. D.
Medical Attendant.

Address 201 W Biddle

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Physicians is respectfully invited to the remarks below, and to List of Diseases on Ba...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7627

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 21 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Day 20th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Louis McKain

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 27 *Years.* *Months.* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Banker

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore city

Duration of Residence in the City of Baltimore, Twenty seven years

Place of Death, {Give street and number.} 120 Park ave

Cause of Death, First (Primary,) —

Second (Immediate,) Phthisis Pulmonalis

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, Jany 22/76

Undertaker, R Kennikes Sons

Place of Business, 92 N Howard St *Address* 40 Richmond St

Carey B Gantt M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

hysicians is respectfully invited to the remarks below, and to List of Diseases on ba

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9628

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 21 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jany 21st 1876

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents } Eliz: Mariah Dukehart

Sex, ~~*Male or*~~ *Female,* { Cross out the word not required in this line. }

Age, ____ *Years,* 3 *Months,* 11 *Days.*

Color, ____ *Sex,* ____

~~*Married, Single, Widow or Widower,*~~ { Cross out the words not required in this line. }

Occupation, ____

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, ____

Place of Death, { Give street and number. } Bell air Road

Cause of Death, { First (Primary,) Phthisis Pulm

Second (Immediate,) ____

Duration of Last Sickness, 6 weeks

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Geo. W. Reynolds M. D.

Date of Burial, Jan 21st 1876 Medical Attendant.

{ *Undertaker,* John H Weaver

{ *Place of Business,* Fayette & *Address* 34. N. Calvert

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 7629

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 21 1876 BALTIMORE

Date of Death, January 20th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Joseph Newman

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 5 *Years,* 10 *Months,* 23 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 110 E Washington Ave.

Cause of Death, First (Primary,) Scald

Second (Immediate,) Nervous Shock

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Burial Gr

Date of Burial, 23 January

A. M. Gorman M. D.
Medical Attendant.

Undertaker, Andrew Hull

Place of Business, 166 E Lanvale } *Address* 166 E Lanvale St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

Permit No. 7630

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours after the death* of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 21 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 20th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Emma A. Baetz

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, One *Years,* 11 *Months,* ——— *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 69 Castle St.

Cause of Death, {First (Primary,) Second (Immediate,)} Scarlet Fever

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician

Place of Burial, Loudon Park

Date of Burial, Jan 22 1876

{*Undertaker* Henry Horek
Place of Business, 309 Central ave}

A. M. Hodge M. D.
Medical Attendant.

Address 201 Hanover St Baltimore Md

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...ysicians is respectfully invited to the remarks below, and to List of Diseases on Back...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7631

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH REPORTING JAN 21 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 21st Jan. 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Martha Lizzie Britt

Sex, Male or Female, {Cross out the word not required in this line.}

Age, / *Years,* / *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 24 Baltimore.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 24 Poultney St

Cause of Death, First (Primary,) Acute hydrocephalus

Second (Immediate,)

Duration of Last Sickness, about 8 wks

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cem

Date of Burial, Jan 22 1876

Undertaker, Julius Koehler

Place of Business, Sharp & Cross Sts Address 95 S. Sharp St.

A. Allen M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...ysicians is respectfully invited to the remarks below, and to List of Diseases on back.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7632

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 21 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 20th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ann Vangelat

~~*Sex, Male or Female,*~~ {Cross out the word not required in this line.}

Age, Sixty three *Years,* *Months,* *Days.*

Color, White *Sex,* Female

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.} Widow

Occupation, Storekeeper

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, Over twenty years

Place of Death, {Give street and number.} S E Cor Eager & Constitution

Cause of Death, First (Primary,) Cancer of Stomach

Second (Immediate,)

Duration of Last Sickness, About Nine months

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemetery

Date of Burial, January 23d 1876

Wm Whitridge M. D. Medical Attendant.

Undertaker, Jacob Weaver

Place of Business, Nos 474 South Eutaw Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Physicians is respectfully invited to the remarks below, and to use of

Board of Health, City of Baltimore,

Permit No. 7083.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 22 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan. 21st 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Geo Livingston

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 8 days ~~Years,~~ ~~Months,~~ ~~Days.~~

Color, W. *Sex,* M.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 203 N. Bond St.

Cause of Death, First (Primary,) Cyanosis

Second (Immediate,)

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Jan 23d 76

Undertaker, Crane

Place of Business, 34 N Broadway

H. T. Reynolds M. D.
Medical Attendant.

Address 186 Aisquith St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7631

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 22 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan'y 21st 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Edgar Fletcher Byrd

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.} Male

Age, 14 *Years,* 3 *Months,* 11 *Days.*

Color, ~~Sex,~~ White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Accomac Co Virginia

Duration of Residence in the City of Baltimore, 4 1/2 years

Place of Death, {Give street and number.} 133 Hanover St.

Cause of Death, First (Primary,) Constitutional debility.

Second (Immediate,) Anaemia

Duration of Last Sickness, 4 Months

All the above Information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Jan 23 1876

Undertaker, Armstrong & Leary

Place of Business, 263 Light St

R. C. Lee M. D.
Medical Attendant.

N. W. Co.

Address Hanover & Barre Sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...hysicians is respectfully invited to the remarks below, and to List of Diseases on ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7635

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 22 ... BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 21 — 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lizzie Cornwell

Sex, Male or Female, {Cross out the word not required in this line.}

Age, One *Years,* One *Months,* *Days.*

Color, Dark *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} No 1 Chappell Alley

Cause of Death, First (Primary,) Consumption

Second (Immediate.)

Duration of Last Sickness, About a month

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Jan 22nd 1876

Undertaker, Cole & Dorsey

Place of Business, 63 Park Av *Address* 97 Mulberry St

D L Ricin M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 7636

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT
FEB 12
1876
BALTIMORE

Date of Death, Jan 21 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Reubenstein

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, Years, 1 Months, 6 Days.

Color, white

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth} Bally City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 101 Eastern Ave

Cause of Death, {First (Primary.) Antipneal Nursing — Second (Immediate,) Convulsions

Duration of Last Sickness, One month

All the above information should be furnished by the Physician

Place of Burial, St alphonsus

Date of Burial, Jan 23 1876

{Undertaker, M. Funk & Co

{Place of Business, 35 Bank St

Garnett Henry M. D.
~~Medical Attendant~~

Address Commiss of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Gabriel Reubenstein Father

[OVER.]

...sicians is respectfully invited to the remarks below, and to List of Diseases on back ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7637

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 22 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 21st 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Carrie May Sepril

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, —— *Years,* 9 *Months,* 16 *Days.*

Color, White *Sex,* Female

~~Married, Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, ——

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore. Md.

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 106 E Pratt st

Cause of Death, First (Primary,) Acute Pneumonia of Both Lungs

Second (Immediate,) Dyspnea

Duration of Last Sickness, Twelve days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore

Date of Burial, Jany 23 1876

Undertaker, M A Daugherty

Place of Business, 74 & Bay

D Webster Bethell M. D.
Medical Attendant.

Address 116 E Pratt St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 7638 — OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 22 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 22nd 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Isabella Ringgold

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 32 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Pennsylvania

Duration of Residence in the City of Baltimore, 5 Years

Place of Death, {Give street and number.} Orleans & Caroline St

Cause of Death, First (Primary,) Consumption

Second (Immediate,) About four Months

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Jany 24/76

Undertaker, Stiglius & Co

Place of Business, 165 S. Broadway *Address*

C. Alex. Williams M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

ysicians is respectfully invited to the remarks below, and to list of Diseases on back.

Board of Health, City of Baltimore,

Permit No. 7689

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 22 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan. 21st. 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Alex J. Potts

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.} Male

Age, 54 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

~~Married~~, ~~Single~~, ~~Widow or~~ Widower, {Cross out the words not required in this line.} Widower

Occupation, Sail Maker

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} S. W. Cor. Gough & Wheeler Sts

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate,)

Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Jany 23rd 1876

James E. Donnelle **M. D.**
Medical Attendant.

Undertaker, Hughes & Co

Place of Business, 65 S. Broadway

Address 299 E. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7640

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 22 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 20th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mariana Mitchell

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 22 *Years,* *Months,* *Days.*

Color, colored

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Housework

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Queen Anne's Co. Md

Duration of Residence in the City of Baltimore. Dix years.

Place of Death, {Give street and number.} 60 S. Durkin St.

Cause of Death, {First (Primary.) Phthisis Pulmonalis
Second (Immediate,) & Laryngitis

Duration of Last Sickness, Six months.

All the above information should be furnished by the Physician

Place of Burial, Dallas St Cem.

Date of Burial, Sun. Jan 23d 1876

Undertaker, John Crum

Place of Business, 77 S. Norfolk St

J. Glanville Rusk M. D.
Medical Attendant.

Address Balt & Wash. Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7641

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ~~accurately~~ *filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 22 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 20th January 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James Thomas Brooks

Sex, Male ~~*or Female*~~, {Cross out the word not required in this line.}

Age, 1 *Years,* — *Months,* 27 *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Bath

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 90 N. Amity Street

Cause of Death, {First (Primary,) Tuberculer Meningitis
{Second (Immediate,)

Duration of Last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Cemetary

Date of Burial, January 22nd

Undertaker, J. B. Cook

Place of Business, 707 West Baltimore St

Geo. H. Lyster M. D.
Medical Attendant.

Address 1 Waverley Terrace

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...hysicians is respectfully invited to the remarks below, and to list of Diseases on Ba...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7642.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

...ALTH DEPARTMENT
JAN 22 1876
...TIMORE

CERTIFICATE OF DEATH.

Date of Death, Jany 22nd 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Johnnie H Winning

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 4 *Years,* *Months,* 6 *Days.*

Color, White *Sex,* male

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 66 Halliday St

Cause of Death, First (Primary,) Scarlet Fever, malignant

Second (Immediate,) Uremia

Duration of Last Sickness, 14 Days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Jan 24th 1876

Geo R Keyser M. D.
Medical Attendant.

Undertaker, Henry H Mears

Place of Business, 145 N Gay St *Address* 32 N. Calvert

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 17643

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 22 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 21st 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Harry Franklin Lehrer

Sex, Male or Female, {Cross out the word not required in this line.}

Age, *Years,* Five *Months,* Two *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 354 W. Lombard St — City

Duration of Residence in the City of Baltimore, Five Years

Place of Death, {Give street and number.} 354 W. Lomb. St.

Cause of Death, First (Primary,) Scarlatina

Second (Immediate,)

Duration of Last Sickness, four days.

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery Sub. Catherine

Date of Burial, Jan 23rd

M. D.
Medical Attendant.

Undertaker, Wm. M. Lemmon

Place of Business, 752 W. Baltimore

Address 752 W Lombard St. City

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7644

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 22 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 22nd 76.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Catherine Brenner

~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 79 *Years,* —— *Months,* —— *Days.*

Color, White

~~*Married, Single,*~~ *Widow or* ~~*Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Alexandria, Va

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give street and number.} 210 East Baltimore Street

Cause of Death, {First (Primary,) Old age.
{Second (Immediate,)

Duration of Last Sickness, one week

All the above information should be furnished by the Physician

Place of Burial, Greenmount Cemetery

Date of Burial, Jan. 24th

{*Undertaker,* Geo. Schilling
{*Place of Business,* cor Fayette & Monument sts

Geo. M. Stevenson, M. D.
Medical Attendant.

Address 133 N Eden st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Physicians is respectfully invited to the remarks below, and to List of Diseases on back

Board of Health, City of Baltimore,

Permit No. 7645 — OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 22 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan: 21st 1876

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } H. G. Haines

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 2 *Years,* 6 *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } 174 Aisquith St.

Cause of Death, { First (Primary,) Membranous Croup

{ Second (Immediate,)

Duration of Last Sickness, 60 Hours

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, Jan 23d

Medical Attendant. D. W. Miller M. D.

{ *Undertaker,* Geo. Schilling

{ *Place of Business,* cor Aisquith & Monument St *Address* 127 W. Monument St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7646

The Physician who attended any person in a last Illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
JAN 22 876
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 21, 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles Burr

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ——— *Years,* ——— *Months,* Four (4) *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Cor. McHenry & Bentalou Sts Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} residence

Cause of Death, First (Primary,) found dead by physician - said to
Second (Immediate,) have died suddenly with Epasm

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, 23 Jan 1876

Undertaker, J. P. Carter

Place of Business, 66 Franklin St

Geo. H. Dare *M. D.*
Medical Attendant.

Address 91 Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Medals is respectfully invited to the [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7647

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 22 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 20th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Rachel Ann Gilbert

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 22 or 23. *Years,* *Months,* *Days.*

Color, Colored *Sex,*

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, Servant

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt°. Co

Duration of Residence in the City of Baltimore, 2 years

Place of Death, {Give street and number.} 8 Jenkins alley

Cause of Death, {First (Primary,) Consumption of lungs,
Second (Immediate,)

Duration of Last Sickness, 10 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery C Winslow M. D.

Date of Burial, Jan 23° 1876 Medical Attendant.

Undertaker, Wm A Gray *Address* 23 N° Eutaw St

Place of Business. 65 Pratt St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Physicians is respectfully invited to the [illegible]

Board of Health, City of Baltimore,

Permit No. 7648

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 22 1876 BALTIMORE

Date of Death, Jan 21st 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Maria Bastille

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 22 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} House of the Good Shepherd

Cause of Death, First (Primary,) Acute Consumption

Second (Immediate,)

Duration of Last Sickness, 4 months

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Cem't

Date of Burial, Jan 22nd 1876

Edw'd F. Nicholson M. D.
Medical Attendant.

Undertaker, I. B. Cook

Place of Business, 707 W. Balto *Address* 279 W. Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 7649 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 22 1876 BALTIMORE

Date of Death, January 22nd

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Frederick N. Seabrooks

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 4 *Years,* 5 *Months,* 23 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto city

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 108 Hill St

Cause of Death, {First (Primary,) Scarlet fever

Second (Immediate,)

Duration of Last Sickness, Seven days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, January 24th 1876

{*Undertaker,* Chas. F. Herold

Place of Business, No 161 Lanvale St

L. C. Bueck M. D.

Medical Attendant.

Address 111 Lanvale St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7650

The Physician who attended any person in n last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 22 1876 BALTIMORE

Date of Death, 20th January 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary H Elizabeth Foley

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 1 *Years,* *Months,* 9 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 310 Light

Cause of Death, {First (Primary,) Diphtheria / Second (Immediate,)}

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician

Place of Burial, Cathedral Cem

Date of Burial, January 23rd

Undertaker, H. W. Jenkinson

Place of Business, 16 Light St

H N Welch M. D.
Medical Attendant.

Address 57 Barnet

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7651

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 22 1876 BALTIMORE

Date of Death, 20th January 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Elsner

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Years, Months, 6 Days.

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Fal. & Johnson 1st (N E cor)

Cause of Death, {First (Primary,) Congestion of Lungs

{Second (Immediate,)

Duration of Last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, Ft Christmas

Date of Burial, Jan 23th 1876

Undertaker, C. F. Kaine

Place of Business, 209 Hanover st

H. W. Webster M. D.
Medical Attendant.

Address 57 Barre

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7652

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 22 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 21st 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Roberta Smyley

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 4 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 588 Harford Ave

Cause of Death, First (Primary,) ———

Second (Immediate,) Convulsions

Duration of Last Sickness, a few hours

All the above information should be furnished by the Physician

Place of Burial, Balto Cemetery

Date of Burial, Jan 23rd 1876

Undertaker, Geo C. Rodemeyer

Place of Business, Exeter St

Jas A Steuart M. D.

~~Attending Physician~~

Address Commiss of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Mrs. Coyle Friend

[OVER.]

...MANS IS RESPECTFULLY INVITED TO THE ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7653.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 22 1876 BALTIMORE

Date of Death, 10th of Jan. 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Eva Honeck

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, ——— *Years,* 4 *Months,* 17 *Days.*

Color, Wht

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 70 N. Northwest

Cause of Death, {First (Primary,) Diphtheria / Second (Immediate,) Suffocation}

Duration of Last Sickness, 14 days

All the above information should be furnished by the Physician

Place of Burial, Mt. Carmel Cem.

Date of Burial, 23 of January 1876

Undertaker, Henry Lauer

Place of Business, 252 Lanvale St.

J. Mathieu M. D.
Attending Physician.

Address 248 E. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...SICIANS IS RESPECTFULLY INVITED TO the REMARKS BELOW, ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7654

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 21 1916 BALTIMORE MD.

Date of Death, Baltimore January 21st 1916

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} David Thorpe

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Sixteen *Years,* *Months,* *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the wor is not required in this line.} Single

Occupation, Waiter

Birthplace, {State or country (and how long in the United States, if of foreign birth} Baltimore Maryland

Duration of Residence in the City of Baltimore, Resident

Place of Death, {Give street and number} No 230 West St

Cause of Death, First (Primary,) Exposure and Pneumonia

Second (Immediate,) Typhoid Fever

Duration of Last Sickness, Four months

All the above information should be furnished by the Physician

Place of Burial, Laurel Cemetery

Date of Burial, Jan 24 1916

Undertaker, Samuel H Chase

Place of Business, 615 E Lexington

L. D. Myers *M. D.*
Medical Attendant.

Address No 146 Hill St Baltimore Md

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...SICIANS IS RESPECTFULLY INVITED TO HIS REMARKS BELOW, AND TO LIST ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7655

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if required so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE JAN 25 1876

CERTIFICATE OF DEATH.

Date of Death, Jan 21st 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Rebecca Adams

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, 76 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Howard Co Md —

Duration of Residence in the City of Baltimore, 3 years

Place of Death, {Give street and number.} St Agnes Hospital

Cause of Death, First (Primary,) Softening of the Brain

Second (Immediate,) —

Duration of Last Sickness, about one year —

All the above information should be furnished by the Physician.

Place of Burial, W. Va. Wagner

Date of Burial, Jany 23

Undertaker, M A Kane

Place of Business, 948 Bty

Edwd F. Michaelson M. D.
Medical Attendant.

Address 279 W. Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

hysicians is respectfully invited to the remarks below, and to List of Diseases on back

Board of Health, City of Baltimore,

Permit No. 7656

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 23 1876 HEALTH DEPARTMENT BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 22 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Emma Pflaumlacher

Sex, Male or Female, {Cross out the word not required in this line.} Female Pflaumlacher

Age, 29 *Years,* 1 *Months,* — *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} married

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and number.} 214 E. Baltimore St.

Cause of Death, First (Primary,) Child birth

Second (Immediate,) Collapse

Duration of Last Sickness, 12 hours

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Above

Date of Burial, Jany 23 d 1876

Abram B Arnold M. D.
Medical Attendant.

Undertaker, M A Daugherty

Place of Business, 74 E Pratt

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Y ▲ F I L M ■

Board of Health, City of Baltimore,

Permit No. 7657

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. JAN 25 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 22nd 1876

Full Name of Deceased, {Write full name and spell correctly. If an infant yet unnamed, give names of parents.} John B. Gosnell

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ~~Seventeen~~ *Years,* Seventeen *Months,* *Days.*

Color, White *Sex,* Female

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 17 North Fremont Street

Cause of Death, First (Primary,) Phthisis

Second (Immediate,) Convulsions

Duration of Last Sickness, About 4 months

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cem.

Date of Burial, Jan 24th 1876

Milton S. Taylor M. D.
Medical Attendant.

{*Undertaker,* Jacob Weaver Address No 100 N Broadway
{*Place of Business,* No 486 Druid Hill Avenue

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

A K S A F E T

Physicians is respectfully invited to the remarks below, and to use of Disease of [illegible]

Board of Health, City of Baltimore,

Permit No. 1658

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. BALTIMORE JAN 26 1876

CERTIFICATE OF DEATH.

Date of Death, Jan. 22nd 76

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mrs Delia Whitney

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 25 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 23 years

Place of Death, {Give street and number.} 139 Dallas st

Cause of Death, First (Primary,) Mania a Potu

Second (Immediate,)

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, St Patrick Cemetery

Date of Burial, Jan 24th 1876 Jno. Brooke Boyle M. D.

Medical Attendant.

{*Undertaker,* Henry Wilcard

{*Place of Business,* 145 N Gay St *Address* 174 E. Fayette st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

K O D A

ysicians is respectfully invited to the remarks below, and to List of Diseases on Back

Board of Health, City of Baltimore,

Permit No. 7659

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

BOARD OF HEALTH BALTIMORE 1876 JAN 22

CERTIFICATE OF DEATH.

Date of Death, January 21st 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles Jones

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 3 *Months,* ... *Days.*

Color, Mulatto *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number.} 28 Chiswell.

Cause of Death, {First (Primary,) / Second (Immediate,)} Acute Meningitis

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Burial Ground

Date of Burial, 22 January

R. M. Hall M. D.
Medical Attendant.

Undertaker, James H Davis

Place of Business, 512 Saratoga St *Address* 266 S. Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7660

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE JAN 23 1876

CERTIFICATE OF DEATH.

Date of Death, Jan. 21st 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lydia J. Distance

Sex, Male or Female, {Cross out the word not required in this line.} F

Age, ✗ *Years,* 8 *Months,* ✗ *Days.*

Color, C *Sex,* F.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 88 Sterling St

Cause of Death, First (Primary,) Convulsion

Second (Immediate.)

Duration of Last Sickness, 3 days

All the above Information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, January 23rd 1876

Undertaker, William A. Runge

Place of Business, No 69 East F. *Address* 186 Aisquith St

A. J. Reynolds M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SEC. 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within twenty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate stating as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 7661

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE 1876

CERTIFICATE OF DEATH.

Date of Death, Friday January 21st 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James Hyde

Sex, Male or Female, {Cross out the word not required in this line.} ~~Female~~

Age, *Years,* *Months,* 6 *Days.*

Color, Black *Sex,* ~~Female~~

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ~~Married~~ ~~Widow~~ ~~Widower~~

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 131 St Caroline St

Cause of Death, First (Primary,) Infantile Convulsions

Second (Immediate,)

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Cemetery

Date of Burial, January 23rd 1876

Wilmer Brinton M. D.
Medical Attendant.

Undertaker, Wm. A. Cruse

Place of Business, No 167 East St. Address Maryland University Hospitals

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 762 — OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 23 1876 HEALTH DEPT. BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jany 21 76

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henry Cornish

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 67 *Years,* *Months,* *Days.*

Color, Colored

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, waiter

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Md – Eastern Shore

Duration of Residence in the City of Baltimore, 36 years

Place of Death, {Give street and number.} 10 Pearce St.

Cause of Death, {First (Primary,) Rheumatism / Second (immediate,) Organic Dis Heart

Duration of Last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, January 23

Undertaker, Wm H Gray

Place of Business, No 65 Mulberry St

J. H. Keller, M. D.
Medical Attendant.

Address 59 N Greene St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the [illegible]or, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or [illegible]ons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full nam[illegible] age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of birth[illegible] illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 7663 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 24 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 21st

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} [illegible]

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, 77 *Years,* 11 *Months,* 20 *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} widow

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Pennsylvania, Allentown

Duration of Residence in the City of Baltimore, 15 [illegible] years

Place of Death, {Give street and number.} W Fayette Street 147

Cause of Death, First (Primary,) Dropsie

Second (Immediate,) Apoplexie

Duration of Last Sickness, She was suffering since several years

All the above information should be furnished by the Physician.

Place of Burial, [illegible]

Date of Burial, Sunday 23 day of January

D. F. Reichard M. D.
Medical Attendant.

Undertaker, [illegible]

Place of Business, [illegible] *Address* 224 W Fayette Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7664

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 24 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jany 23 76

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mollie Kalbfleisch

Sex, Male or Female, {Cross out the word not required in this line.} Female — (twins)

Age, ——— *Years,* 3 *Months,* ——— *Days.*

Color, Blk *Sex,* Females

~~*Married,*~~ *Single, Widow or Widower,* {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, 3 mos

Place of Death, {Give street and number.} 266 Aisquith St

Cause of Death, First (Primary,) unknown Lung Other Disease

Second (Immediate,)

Duration of Last Sickness, ———

All the above information should be furnished by the Physician.

Place of Burial, Loudon Cemetery Rud. Ellis Eastman *M. D.*

Date of Burial, June 24 th 1876 Medical Attendant.

Undertaker, J. A. Cook

Place of Business, 1707 N. Baltimore Street *Address* 3 Kg Lucas Place

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 7665

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in *a* last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 24 1876 BALTIMORE

Date of Death, Jan - 23rd 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Kate Rich

Sex, Male or Female, {Cross out the word not required in this line,}

Age, ——— *Years,* 3 *Months,* ——— *Days.*

Color, Blk

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 265 Raborg Street

Cause of Death, {First (Primary,) ——— Second (Immediate,) Unknown

Duration of Last Sickness, ———

All the above information should be furnished by the Physician

Place of Burial, Laurel Cemetery

Date of Burial, Jan 24th 1876

Undertaker, L. B. Cook

Place of Business, 707 N. Balto St (Address)

Lewis M. Eastman M. D.
Medical Attendant. Dr Eastman sent only on certificate blanks issued & signed by Proxy

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...physicians is respectfully invited to the remarks below. [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7666

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 24 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 23? 1876 at 4 o'clock A.M.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ellen J. McKay

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.} Female

Age, 1 *Years,* 9 *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Child

Occupation, Child

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 1 year 9 months

Place of Death, {Give street and number.} 82 Parkin St. Baltimore

Cause of Death, {First (Primary,) Convulsions / Second (Immediate.)

Duration of Last Sickness, 24 hours

All the above information should be furnished by the Physician.

Place of Burial, St Peters cemetery

Date of Burial, Sunday 24

C. E. Richardson M. D.
Medical Attendant.

{*Undertaker,* Fitch
Place of Business, 117 N St Baltimore

Address 302 west Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7667

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 24 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 23 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary R. Arnett

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ——— *Years,* 4 *Months,* 20 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 32 Williamson

Cause of Death, {First (Primary,) Phthisis

Second (Immediate,) Since Birth

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery Sheldon Leeds M. D.

Date of Burial, January 24 1876 Medical Attendant.

Undertaker, Charles F. Hearle *Address* 146 Hanover st.

Place of Business, 161 Hanover st

Extract from Regulations of the Board of Health to secure a full and corivect record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7668

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 24 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 22d

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Leonard Joseph Brady

~~*Sex, Male or Female,*~~ {Cross out the word not required in this line.}

Age, 3 *Years,* 8 *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, ~~Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore.

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} Howard & Madison sts

Cause of Death, First (Primary,) Membranous Croup.

Second (Immediate,)

Duration of Last Sickness, Ebout one week

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, Jan 24th 1876 Chas O'Donovan M. D.
Medical Attendant.

Undertaker, Joseph F Byrne

Place of Business, 59 n Liberty *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

Permit No. 4669

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 24 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 23rd

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Smith

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 39 *Years,* — *Months,* — *Days.*

Color, Colored *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Washerwoman

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland.

Duration of Residence in the City of Baltimore, During her life

Place of Death, {Give street and number.} In 16. Lanes alley

Cause of Death, First (Primary,) Encephalomalacia

Second (Immediate,)

Duration of Last Sickness, 8 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, January 24th/76

Jno Thomas M. D.
Medical Attendant.

Undertaker, Wm Jones Gray

Place of Business, 65 Mulberry St *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Physicians is respectfully invited to the [illegible]

Board of Health, City of Baltimore,

Permit No. 7670. OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 24 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 22 — 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Gertrude P Miles

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Two — *Years,* *Months,* Twenty-four *Days.*

Color, Dark *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number.} No 29 Lemmon Alley

Cause of Death, {First (Primary,) Hydrocephalus

Second (Immediate,)

Duration of Last Sickness, About four weeks

All the above information should be furnished by the Physician.

Place of Burial, Loudon Cemetery

Date of Burial, Jany 24th 1876

Undertaker, Wm L Gray

Place of Business, 65 Mulberry St *Address* 65 Mulberry St

D L Rees *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7671.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 24 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan. 22d. 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Victoria Blackiston

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 36 *Years,* ~~Not~~ *Months,* *Days.*

Color, Colored *Sex,* Female

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Annapolis

Duration of Residence in the City of Baltimore, Sixteen years

Place of Death, {Give street and number.} 86 Orchard St.

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate,) " "

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, Jan 24th 1876

Undertaker, Wm J Gray

Place of Business, 45 Mulberry St *Address* 262 Madison Ave

Eldridge C. Price M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 7672.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 21st January 1876

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Henry Ann Wiest

Sex, ~~Male or~~ Female, { Cross out the word not required in this line. }

Age, One *Years,* *Months,* 12 *Days.*

Color, Black *Sex,*

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, One year & 12 days

Place of Death, { Give street and number. } 110 6 Shelby st

Cause of Death, { First (Primary,) Scarlet Fever

Second (Immediate,)

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem.

Date of Burial, January 24th 1876.

Undertaker, William A. Lange

Place of Business, 40 1/2 East St.

Wm. L. Smith M. D.
Medical Attendant.

Address 1 Broadway & Madison st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...SICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7173.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 24 1876 BALTIMORE

Date of Death, Jan 22d 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} David H. Shaw Jr.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 23 *Years,* 7 *Months,* *Days.*

Color, White

Married, Single, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Tinsmith

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore.

Place of Death, {Give street and number.} West Baltimore 424

Cause of Death, First (Primary,) Phthisis

Second (Immediate,) Chronic Lead Poisoning

Duration of Last Sickness, Six Months

All the above information should be furnished by the Physician

Place of Burial, Greenmount

Date of Burial, Jan 26 at 11 A M

Undertaker, Richard Hall

Place of Business, 133 E Baltimore

E E Marburg *M. D.*
Medical Attendant.

Address 124 N Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7674

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 25 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 22? 1876 3 o'clock P

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ann Dunn

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, 56 *Years,* 11 *Months,* *Days.*

Color, White *Sex,* Female

Married, ~~Single,~~ ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 46 years

Place of Death, {Give street and number.} 29 South Caley St Baltimore

Cause of Death, {First (Primary,) Consumption

{Second (Immediate,)

Duration of Last Sickness, 12 months

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem

Date of Burial, Jany 24th 1876

C. E. Richardson M. D.
Medical Attendant.

{*Undertaker,* J. H. Doane

{*Place of Business,* 5684 Baltimore Address 302 W. Fayette

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of Illegitimate children.

[OVER.

Physicians is respectfully invited to the remarks below, and to use of [illegible] of this certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7675

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 21st 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Clarinda Stansbury

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 71 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, ~~Single~~, Widow ~~or Widower~~, {Cross out the words not required in this line.} Widow

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto - Md

Duration of Residence in the City of Baltimore, All year

Place of Death, {Give street and number.} 417 E Fayette St

Cause of Death, First (Primary,) Cancer Womb

Second (Immediate,)

Duration of Last Sickness, 15 months

All the above information should be furnished by the Physician.

Place of Burial, Eastern Mutual Burial ground

Date of Burial, Jan. 24th 1876

{*Undertaker,* Wm. Eichman

{*Place of Business,* 234 N. Gay St. Address 73 E Pratt St

D. S. Kinnemon M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7676

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 24 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 23d 1876

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Amelia Riedinger

~~*Sex, Male*~~ *or Female,* { Cross out the word not required in this line. }

Age, ____ *Years,* 19 *Months,* ____ *Days.*

Color, White *Sex,* ____

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, ____

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Conway St Baltimore Md

Duration of Residence in the City of Baltimore, ____

Place of Death, { Give street and number. } Conway St.

Cause of Death, { First (Primary,) Diphtheritis / Second (Immediate,) ____

Duration of Last Sickness, 23 days

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel Cemy *M. D.*

Date of Burial, Jan 24th 1876 *Medical Attendant.*

Undertaker, Henry Trefzger

Place of Business, 256 Eastern Av *Address* ____

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7677

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 24 1876 BALTIMORE.

Date of Death, Jan 23rd 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lucy Johnson

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 60 *Years,* *Months,* *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth)} Pennsylvania

Duration of Residence in the City of Baltimore, a Lifet

Place of Death, {Give street and number.} 3 Liberty Road

Cause of Death, First (Primary,) ..... Second (Immediate,) Unknown

Duration of Last Sickness, a few hours

All the above information should be furnished by the Physician

Place of Burial, W. L. Field

Date of Burial, Jany 25th

Undertaker, M. H. & C. Perry

Place of Business, 418 W Balt st

Carl Gleimer M. D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7678.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 24 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 22, 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Milburne

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.} Female

Age, 3 *Years,* 4 *Months,* × *Days.*

Color, Black *Sex,* Female

~~Married~~, Single, ~~Widow or Widower~~? {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, all its life

Place of Death, {Give street and number.} 87 arch

Cause of Death, First (Primary,) Throath

Second (Immediate,) Convulsions

Duration of Last Sickness, Dont Know never saw the case

All the above information should be furnished by the Physician.

Place of Burial, Second Cemetery

Date of Burial, Jan 23d 1876

Undertaker, P. Timmett

Place of Business, 311 Mulberry St

W. H. Kemp M. D.
Medical Attendant.

Address 85 N. Green St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7679.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 24 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan 22 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Isaac Sparrow

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 63 *Years,* —— *Months,* —— *Days.*

Color, Blk

Married, ~~Single, Widow or Widower~~ {Cross out the words not required in this line.}

Occupation, Sailor

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, unknown

Place of Death, {Give street and number.} 185 Eastern Ave

Cause of Death, {First (Primary,) / Second (Immediate,)} Dropsy

Duration of Last Sickness, 2 Months

All the above information should be furnished by the Physician

Place of Burial, E. Potters Field

Date of Burial, Jan 24th 1876

Undertaker, M. Donovan

Place of Business, 148 S. Central Ave

Saml A Steuart M. D.

PHYSICIAN OR UNDERTAKER

Address Commiss of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Police officer on the Beat [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7680

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 24 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 23 -

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Benjamin Stevens

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 55 *Years,* 7 *Months,* *Days.*

Color, Colored *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Sailor

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Easton - Md

Duration of Residence in the City of Baltimore, Many years

Place of Death, {Give street and number.} 19 Oxford St

Cause of Death, First (Primary,) Pneumonia

Second (Immediate,)

Duration of Last Sickness, Said to be abt 12 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Jan. 25. 76

Undertaker, W. H. Chase

Place of Business, 198 Howard st

Dr. E. McKinsey M. D.

Medical Attendant.

Address 209 W Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. ~~23~~ 7681 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 24 1876 BALTIMORE

Date of Death, Jan 24th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Joh Hanson

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, 50 *Years,* *Months,* *Days.*

Color, Dark Copper *Sex,* Male

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.} Married

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Charles Co Md

Duration of Residence in the City of Baltimore, 1 year

Place of Death, {Give street and number.} No 18 Baldwin Alley

Cause of Death, First (Primary,) Cold

Second (Immediate,) Pneumonia

Duration of Last Sickness, Two weeks

All the above Information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Jan 25. 76

Undertaker, H W Gibbons

Place of Business, 184 S. Howard St

B F Bohrer M. D.
Medical Attendant.

Address cor Dolphin & Druid Hill Avenue

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7182

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 24 1976 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 22d 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Birmingham

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 10 *Years,* 5 *Months,* 5 *Days.*

Color, White *Sex,*

Married, Single, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 10 years

Place of Death, {Give street and number.} 219 Harris alley Canton

Cause of Death, First (Primary,) Valvular disease of Heart with Hypertrophy & dilatation of the Aorta

Second (Immediate,) about one year

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St. Patrick's Cimetery

Date of Burial, January 25th 1876

Undertaker, H. M. Gilmoyer

Place of Business, 341 Canton Av.

Address

Gustavus Bibber M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7683

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 24 1876 BALTIMORE

Date of Death, Jan 22 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Margret A Brown

Sex, Male or Female, {Cross out the word not required in this line.} ~~Male~~ Female

Age, + 46 *Years,* + ~~Months,~~ + ~~Days.~~

Color, White *Sex,* Female

Married, Single, ~~Widow or Widower,~~ {Cross out the words not required in this line.} Married

Occupation, Housewife

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Washington D C

Duration of Residence in the City of Baltimore, 28 Years

Place of Death, {Give street and number.} Lexington St 375

Cause of Death, First (Primary,) Typhoid Pneumonia

Second (Immediate,)

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Western con

Date of Burial, Jan 24

J L Le Waye M. D.
Medical Attendant.

Undertaker, C H Blizzard *Address* 247 West Lombard

Place of Business, 187 Female

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

Permit No. 7684

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 24 1876 BETHLEHEM

Date of Death, Jan 23rd 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Babe 3 hours old.

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, —— *Years,* —— *Months,* 3 hours old. Dwyer

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} 3 hours old

Occupation, ——

Birthplace, {State or country (and how long in the United States, if of foreign birth} Balto Md

Duration of Residence in the City of Baltimore, during entire 3 hours of life "

Place of Death, {Give street and number} 5 Lombard St

Cause of Death, {First (Primary,) Imperfect Respiration

{Second (Immediate,)

Duration of Last Sickness, indefinate

All the above information should be furnished by the Physician

Place of Burial, M. E. B. Ground Phila Road

Date of Burial, Jan 25, 1876

Undertaker, M. A. Dwyer

Place of Business, 74 S. Broadway

Sarah Cooper Mid wife ~~U. D.~~

Address 52 E Lombard St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 7685

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 24 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 23d 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Caufield

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, Eighty Eight *Years,* *Months,* *Days.*

Color, White *Sex,* Female

~~Married, Single~~, Widow ~~or Widower~~, {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Philadelphia

Duration of Residence in the City of Baltimore, fifty nine years

Place of Death, {Give street and number.} 92 South Bond St

Cause of Death, First (Primary,) Old age

Second (Immediate,) Pleuro — pneumonia

Duration of Last Sickness, About two weeks

All the above information should be furnished by the Physician.

Place of Burial, St. Patrick's

Date of Burial, Jany 26th 1876

Undertaker, Matthias A Daigle

Place of Business, 94 S Bond

Milton A Taylor M. D.
Medical Attendant.

Address 102 E Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...SICIANS IS RESPECTFULLY INVITED TO THE REGULATIONS ...

Board of Health, City of Baltimore,

HEALTH DEPARTMENT JAN 24 1876 BALTIMORE

Permit No. 7686

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jany. 24th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lillian L. Boaz

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 3 Years, 5 Months, 23 Days.

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. Md.

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} N. E. Cor. Banks & Chapel

Cause of Death, First (Primary,) Scarlatina

Second (Immediate,) ~

Duration of Last Sickness, Two (2) days

All the above information should be furnished by the Physician

Place of Burial, Baltimore Cemetery

Date of Burial, Jan. 25, 1876

Undertaker, M. A. Daigs

Place of Business, 74 S. Broadway

G. L. Hilken M. D.
Medical Attendant.

Address 69 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...SICIANS IS RESPECTFULLY INVITED TO THE REMARKS ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7687

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 24 1876 BALTIMORE

Date of Death, January 21, 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Adeline E. Banks

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 1 *Years,* 3 *Months,* 23 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Centreville, Md.

Duration of Residence in the City of Baltimore, 3 years

Place of Death, {Give street and number} # 337 N. Bond St.

Cause of Death, {First (Primary.) Epilepsy
Second (Immediate,) }

Duration of Last Sickness, # 29 Days

All the above information should be furnished by the Physician.

Place of Burial, Centrevill Md

Date of Burial, Jan 25 1876

Undertaker, James P Byrne

Place of Business, No 63 Hanover St

A Hartman M. D.
Pr. B. H. H.,
Medical Attendant.

Address # 305 N. Caroline St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

320 Transient

...hysicians is respectfully invited to the remarks below, and to List of Diseases on ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7685

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 23rd 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Leighman Gaelsbrough

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, Sixty Eight *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, None (Farmer until 4 years ago)

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Dorchester County

Duration of Residence in the City of Baltimore, Two Years

Place of Death, {Give street and number.} 130 Cathedral Street

Cause of Death, First (Primary,) Cirrhosis of Liver

Second (Immediate,) Haematemesis

Duration of Last Sickness, Four Weeks in bed

All the above information should be furnished by the Physician.

Place of Burial, Green Mt. Cemetery

Date of Burial, 26th May 1876

Undertaker, H. H. Deitrick & Son

Place of Business, 16 Light St

Chas B Gamble M. D.
Medical Attendant.

Address 110 Richmond Street
Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 7689

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 24 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 28 76

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Brigida Fabriano

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 69 *Years,* *Months,* *Days.*

Color, White

~~Married, Single~~, *Widow* ~~or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Italy

Duration of Residence in the City of Baltimore. 3 years 4 months

Place of Death, {Give street and number.} 64 North Market Place

Cause of Death, {First (Primary,) Pleurisy

{Second (Immediate,) Pneumonia

Duration of Last Sickness, one week

All the above information should be furnished by the Physician

Place of Burial, Sweet Home

Date of Burial, Tuesday 25 Jan.

{*Undertaker,* Conrad Kunkel

{*Place of Business,* N. 60 Park St

L. Steiner M. D.
Medical Attendant.

Address 184 Saint St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7690

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 25 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 24 January 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Julia Perogoy

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 84 Years, Months, Days.

Color, White *Sex,*

~~*Married,*~~ ~~*Single,*~~ *Widow or* ~~*Widower.*~~ {Cross out the words not required in this line.}

Occupation, Seamstress

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Pa

Duration of Residence in the City of Baltimore, 50 years

Place of Death, {Give street and number.} Aged Woman's Home

Cause of Death, First (Primary,) Paralysis

Second (Immediate,)

Duration of Last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Jan. 26th 1876

Undertaker, H. W. Jenkins Son

Place of Business, 16 Light st

Geo N. Taylor M. D.
Medical Attendant

Address Mantua Terrace

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

ysicians is respectfully invited to the remarks below. [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7691

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 25 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan 23. 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Hanner a Houston

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 46 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Agt. M. M. C. A. (Young Mens Christian Assoc'n)

Birthplace, {State or country (and how long in the United States, if of foreign birth.} East Tennessee

Duration of Residence in the City of Baltimore, 12 years

Place of Death, {Give street and number.} 14, Eutaw Street Balt.o

Cause of Death, First (Primary,) Phthisis

Second (Immediate,) do

Duration of Last Sickness, Several years.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemitry

Date of Burial, Jan. 25th 1876

D. W. Casey Thomas M. D.
Medical Attendant.

Undertaker, H. H. Jenkins & Son

Place of Business, 16 Light st *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7692

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 25 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan 24th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Christina Deiner

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 37 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} German 10 yrs

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 1 Lemmon St. Balt Co

Cause of Death, {First (Primary,) Lobar Croupous Pneumonia. Heart Clot} {Second (Immediate,) Metritis & Peritonitis}

Duration of Last Sickness, 2 days

All the above Information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Jan 25. 76

Undertaker, John P. Paules

Place of Business, 66 Frederick Ave

Geo H. Dare *M. D.*
Medical Attendant.

Address 91 Frederick Ave 2nd door from Penna

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

SAFETY FILM

...physicians is respectfully invited to the...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7693

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 25 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan. 24 th.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} ~~Boy~~ Hannit Ward

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 21 *Years,* autumn *Months,* " *Days.*

Color, Black *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Washwoman

Birthplace, {State or country (and how long in the United States, if of foreign birth.} ~~Va~~ Virginia

Duration of Residence in the City of Baltimore, Unknown

Place of Death, {Give street and number.} 12 Baltimore alley

Cause of Death, First (Primary,) Coma

Second (Immediate.) Ruiluntia

Duration of Last Sickness, 1st days

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cem'ty *Attest* Baldwin *M. D.*

Date of Burial, Jan 25th 1876 Medical Attendant.

Undertaker, Wm S Gray *Address* 152 Townsend St.

Place of Business, 65 Mulberry St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

KODAKS

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7694

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 25 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 23rd 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henrietta Cook

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 25 *Years,* —— *Months,* —— *Days.*

Color, Blk

Married, ~~Single, Widow or Widower~~ {Cross out the words not required in this line.}

Occupation, ——

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} Rear of New Church St (in small alley.)

Cause of Death, {First (Primary,) / Second (Immediate,)} Puerperal Fever

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician

Place of Burial, New Cathedral

Date of Burial, Jan 25th 1876

Undertaker, W. Jas Gray

Place of Business, 45 Mulberry St

Jas. T. Smith M. D.

Address Commiss of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Information by - H. S. Hannant H. C. Cline — Student attending

PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BA... ...ATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7695

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

JAN 25 1876 BALTIMORE

Date of Death, Jan 21st

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Franklin W Mc Corkle

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 22 *Years,* *Months,* *Days.*

Color, white

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Medical student

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Newton N Carolina

Duration of Residence in the City of Baltimore, 3 months

Place of Death, {Give street and number.} Jones Falls opposite Plowman St

Cause of Death, First (Primary,) Accidental Drowning } Verdict of Coroners Jury

Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician

Place of Burial, Newton N. Carolina

Date of Burial, January 28th " 1876

Undertaker, John H. Weaver

Place of Business, #22. W. Fayette St

Edmund D Walker M. D.
Medical Attendant
Corner M. & D

Address 180 Linden Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. Transit 32L

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7696

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 25 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 23rd 1876

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Clara A. Alexia Stansel

Sex, ~~Male~~ *or Female,* { Cross out the word not required in this line. } Female

Age, 6 *Years,* *Months,* 11 *Days.*

Color, Colored *Sex,* Female

Married, *Single,* ~~Widow or Widower.~~ { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Entire

Place of Death, { Give street and number. } 1 Eutaw Pl. 11

Cause of Death, { First (Primary,) Pneumonia

Second (Immediate,)

Duration of Last Sickness, 1 day.

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Cemetery

Date of Burial, Jan. 25th 1876

M. D.
Medical Attendant.

{ *Undertaker,* P. Kennedy *Address* 11 Eutaw Pl.

{ *Place of Business,* 311 Eutaw St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

...hysicians is respectfully invited to the remarks below, and to list of ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7697

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 25 1876

Date of Death, Jan. 24. 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Carrie E. Engelbrecht

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 47 *Years,* *Months.* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Teacher

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Washington City D.C.

Duration of Residence in the City of Baltimore, Five years

Place of Death, {Give street and number.} N.W. Cor Cary & Saratoga Sts

Cause of Death, First (Primary,) Inflammatory Rheumatism

Second (Immediate,) Dropsy & dysentery

Duration of Last Sickness, Abt Six Months

All the above information should be furnished by the Physician.

Place of Burial, Frederick City Md

Date of Burial, January 26th 1876

Undertaker, John H. Weaver

Place of Business, #22 N. Fayette St

W. H. McStains M. D.
Medical Attendant.

Address 71 Franklin St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

(Transit 322)

Board of Health, City of Baltimore,

Permit No. 7698

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 25 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jany 24th.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lina and David Morris

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, *Years,* *Months,* 7 Hours *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Eden st 131.

Cause of Death, First (Primary,) Premature Birth (Six Months) One of twins. Both

Second (Immediate,) Prostration

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Hebrew Cem.

Date of Burial, Jan 24th 1876

Undertaker, M. Goldsmith

Place of Business, 97 N. Eden st.

John H Schultz M. D.
Medical Attendant.

Address N E Cor Baltimore & Eden sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7699

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 25 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan 25th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Emma Talbot

Sex, ~~Male~~ *Female,* {Cross out the word not required in this line.}

Age, *Years,* 8 *Months,* *Days.*

Color,

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore.

Place of Death, {Give street and number.} No 166 E. Monument Street

Cause of Death, {First (Primary,) Artificial nursing
Second (Immediate,) Marasmus

Duration of Last Sickness, 8 Months

All the above information should be furnished by the Physician

Place of Burial, Greenmount Cem

Date of Burial, Jan 26th 1876

{*Undertaker,* Wm H. Hickman
{*Place of Business,* Gay Street

Edwin A Mears M. D.

Address Commissioner of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by W. H. Hickman Undertaker

[OVER.]

Board of Health, City of Baltimore,

Permit No. 7700

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 25 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 1st mo 23d 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Catharine Morlon

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, 44 *Years,* *Months,* *Days.*

Color, White *Sex,* female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, housekeeper

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 25 years

Place of Death, {Give street and number.} 144 E Madison St

Cause of Death, First (Primary,) Congestion of Brain.

Second (Immediate,)

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, Jan 26, 8 Oclock

W. M. Riley M. D.

Medical Attendant.

Undertaker, George C Rockenmeyer

Place of Business, 138 Eden St Address 47 Lexington St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

ysicians is respectfully invited to the remarks below, and to List of Diseases on Ba...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7701

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 25 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 24th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James B. Bauman.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 96. *Years,* — *Months,* — *Days.*

Color, White ~~Sex,~~

~~Married~~, *Single,* ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Bar Keeper. —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland.

Duration of Residence in the City of Baltimore, Five

Place of Death, {Give street and number.} 37 E Eager St.

Cause of Death, First (Primary,) Chronic Hepatitis

Second (Immediate,) Acute "

Duration of Last Sickness, Four days

All the above Information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, Jan 26th 1876

Undertaker, Jas P. Byrne

Place of Business, Front St *Address*

H. Hunt Smith, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 7702

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 25 1876 BALTIMORE

Date of Death, Jan 24th 1876

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } John Kirk Riley

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, eighteen *Years,* ——— *Months,* ——— *Days.*

Color, White *Sex,* Male

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } No 22 E Monument St

Cause of Death, { First (Primary,) Scrofula
Second (Immediate,) Scrofula

Duration of Last Sickness, About one year

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Jan 26th 1876

{ *Undertaker,* H. H. Hickman
{ *Place of Business,* 409 St

E. E. Price & Son M. D.
Medical Attendant.

Address 262 Madison Av

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7703

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

JAN 25 1876

Date of Death, Jan 23rd 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Samuel Connels

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ~~Years,~~ 5 *Months,* ~~Days.~~

Color, Blk

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} No 2 Butlers Alley

Cause of Death, {First (Primary,) Cold

{Second (Immediate,) Croup

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician

Place of Burial, Laurel Cemetery

Date of Burial, Jan 26th 1876

{*Undertaker,* Jas H. Davis

{*Place of Business,* Saratoga St

Edmund Chaney M. D.

Address Commrs of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Rebecca Connels Mother

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7704

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 26 1876 BALTIMORE

Date of Death, Jan 25th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Geo Butler

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, One *Years,* — *Months,* 18 *Days.*

Color, Blk

Married, Single, ~~Widow or Widower~~, {Cross out the word is not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} Jenkins alley

Cause of Death, {First (Primary.) Exhaustion & Asthenal Nurse
Second (Immediate.) Diarrhoea

Duration of Last Sickness, one year

All the above information should be furnished by the Physician

Place of Burial, Laurel Cemetery

Date of Burial, Jan 26th 1876

Undertaker, John G. Jordan

Place of Business, Park ave

Jas. A. Steuart M. D.

Address. Commiss of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Kate Davis — mother of deceased

[OVER.]

Board of Health, City of Baltimore,

...t No. 7715

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 25 1876 BALTIMORE

Date of Death, Jan 24th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Chas W Eichelberger

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 65 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Painter

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Elkridge Md

Duration of Residence in the City of Baltimore, 47 Years

Place of Death, {Give street and number.} 93 N Fremont St

Cause of Death, First (Primary,) Ulcerative Inflamation of Stomach

Second (Immediate,) Inanition

Duration of Last Sickness, 3 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Souder Park, C.

Date of Burial, Jan 26 1876

Undertaker, J. B. Blackiston & Son

Place of Business, 606 Balt St

A H Cumer M. D.
Medical Attendant.

Address 76 Paca St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Certificate No. 7706

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 25 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 24th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Byrena Foot

Sex, Male or Female, {Cross out the word not required in this line.} X

Age, Fifty Six Years, Nine Months, Days.

Color, Brown *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} X X X

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} West Hunter. Maryland

Duration of Residence in the City of Baltimore, Seven years

Place of Death, {Give street and number.} S. Exeter St. No 288

Cause of Death, First (Primary,) General Debility

Second (Immediate,)

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, January 25th 76

Undertaker, John B Williams

Place of Business, [illegible]

J Shultz M. D.
Medical Attendant.

Address 260 S. Exeter St

City

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Certificate No. 7707.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 25 1916 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 24 1916

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Susan Smith

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 51 *Years,* *Months,* *Days.*

Color, Col *Sex,*

~~*Married, Single,*~~ *Widow or* ~~*Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Dorchester Co. Md.

Duration of Residence in the City of Baltimore, 40 Years

Place of Death, {Give street and number.} Church St. 51

Cause of Death, First (Primary,) Dropsy

Second (Immediate.) Uremia

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Loudon County

Date of Burial, January 26 1916

Undertaker, J. Wm. B. Watkins

Place of Business, *Address* 78 W. Balto St

H. B. Holcomb M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

SICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7708

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 25 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jany 24. 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Harry

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ____ *Years,* 2 *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ____

Birthplace, {State or country (and how long in the United States, if of foreign birth)} Irvindale

Duration of Residence in the City of Baltimore, 24 days

Place of Death, {Give street and number.} ~~Hydrocephaloid~~ 6 Woodyear Ct.

Cause of Death, First (Primary,) Hydrocephaloid

Second (Immediate,) convulsions

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician

Place of Burial, Cathedral Cemetery

Date of Burial Jany 26. 1876.

Undertaker, Sesters

Place of Business, Institution

Mahony Brown M. D.
Medical Attendant.

Address 201 W. Biddle St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

...t No. 7709

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 25 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 24th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Christian Roenninkle

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, Five *Years,* Eight *Months,* Twelve *Days.*

Color, White *Sex,* Male

~~*Married,*~~ *Single, ~~Widow or Widower~~,* {Cross out the words not required in this line}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, 2 years 8 Mo. 12 days

Place of Death, {Give street and number.} # 804 W. Baltimore St.

Cause of Death, {First (Primary,) Malignant Scarlet Fever

Second (Immediate,) Convulsions

Duration of Last Sickness, three days

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, Jan. 26/76

Undertaker, Jno Paulis

Place of Business, 66 Frederick av *Address* # 984 W Fayette St.

Jas L Kirkhiman M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

ysicians is respectfully invited to the remarks below.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7710

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 26 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 24, 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Stephen Marquette

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 76 *Years,* *Months.* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Wheelwright

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 82 S Caroline str.

Cause of Death, First (Primary,) Old age

Second (Immediate,)

Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Jan 26th 1876

R. W. Mansfild M. D.
Medical Attendant.

Undertaker, Hughes & Co

Place of Business, 65 S Broadway *Address* 117 S Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 7711

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 27 1876 REGISTRAR

CERTIFICATE OF DEATH.

Date of Death, Jany 25. 76

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Norma Baker

~~*Sex, Male or* Female,~~ { Cross out the word not required in this line. }

Age, 2 *Years,* 6 *Months,* — *Days.*

Color, White *Sex,* Female

~~*Married,* Single, *Widow or Widower*~~ { Cross out the words not required in this line. }

Occupation, —

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Balto. Md.

Duration of Residence in the City of Baltimore, 2½ yrs

Place of Death, { Give street and number. } 118 Edmondson Ave.

Cause of Death, First (Primary,) Bronchitis

Second (Immediate,) Exhaustion

Duration of Last Sickness, 16 days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Louis M Eastman M. D.

Date of Burial, Jan 27th 1876 Medical Attendant.

Undertaker, Jacob Weaver

Place of Business, No 6 Druid Hill Avenue *Address* 849 Lucas Place

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...physician is respectfully invited to fill ... [illegible]

Board of Health, City of Baltimore,

Certificate No. 7712

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 25 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 25th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jacob Riegel

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 38 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Brush Maker

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Pennsylvania

Duration of Residence in the City of Baltimore, 15 Years

Place of Death, {Give street and number.} 151 S. Chapel St.

Cause of Death, First (Primary,) Consumption of Lungs

Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem.

Date of Burial, Jan 27th 1876

C. Edward Miller M. D.
Medical Attendant.

Undertaker, James P. Byrne

Place of Business, 63 N. Front St. Address 143 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

No. 7713

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 26 1876 BALTIMORE

Date of Death, Jany 24th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} unknown Male

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, about 48 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} *Sex;* not known

Occupation, Dyer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} —

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} Infirmary

Cause of Death, {First (Primary,) Concussion of Brain the result

{Second (Immediate,) of a Railroad accident

Duration of Last Sickness, Four hours

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, January 26th 1876

{*Undertaker,* John Meacher

{*Place of Business,* 160 Camden *Address* Univ. Hospital

T. A Ashby M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 7714

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 16 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 25th 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Agnes Gertrude Flynn

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, *Years,* 5 *Months,* 3 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt Md

Duration of Residence in the City of Baltimore, Since birth.

Place of Death, {Give street and number.} 115 Peach Alley.

Cause of Death, First (Primary,) Inflammation of the Brain.

Second (Immediate,) Meningitis.

Duration of Last Sickness, Five days.

All the above information should be furnished by the Physician.

Place of Burial, Westminster, Md.

Date of Burial, Jan 26th 1876

Undertaker, Wm Thos Sem

Place of Business, 203 Light St

Sotzell M. D.

Medical Attendant.

Address 161 So. Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 7715

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 25 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 26th 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Leonard L. Brinsmade

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 41 years *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Clerk

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Philadelphia

Duration of Residence in the City of Baltimore, 15 Months

Place of Death, {Give street and number.} No 155 Arlington av. Balto

Cause of Death, First (Primary,) Exhaustion.

Second (Immediate,) Pelvic Abscess - result of Injury

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Philadelphia Penn. W C Van Bibber M. D.

Date of Burial, January 27th 1876 Medical Attendant.

Undertaker, John S. Weaver

Place of Business, ~~#~~ 22 W. Fayette St *Address* 47 Franklin St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

(OVER.

(Transit 323)

ysicians is respectfully invited to the remarks below, and to List of Diseases on the

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 7716

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 26 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 25 of Jan. 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Margaretta Elizabeth Marquand

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 38 *Years,* 10 *Months,* 5 *Days.*

Color, White *Sex,* Female,

Married, ~~*Single, Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Bremen

Duration of Residence in the City of Baltimore, 18 years.

Place of Death, {Give street and number.} 153 Lanvale st

Cause of Death, {First (Primary,) Pneumonal fever

Second (Immediate,) 9 days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Trinity St. Cemetery

Date of Burial, Jan 26 1876

{*Undertaker,* Chas. Rossing

Place of Business, 136 E. Fayette st

O. A. Heldmann M. D.
Medical Attendant.

Address Saratoga & Park sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 7717.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 26 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 25: 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Anna Knierim

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, = 65 = *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Taylors wife

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Leipelsheim Germany.

Duration of Residence in the City of Baltimore, 28 Years.

Place of Death, {Give street and number.} Fountain Ave 28.

Cause of Death, First (Primary,) 3 General Consumption

Second (Immediate,)

Duration of Last Sickness, 8 Days (was Sickly for years)

All the above information should be furnished by the Physician.

Place of Burial, Old Canal London

Date of Burial, January 27th 1876

C. H. Fick, M. D.
Medical Attendant.

Undertaker, Wm. Sandel

Place of Business, 252 London Av. Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 7718.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 26 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 26th 1876

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents } Annie E Kemp

~~*Sex, Male or Female,*~~ { Cross out the word not required in this line. }

Age, 39 *Years,* 4 *Months,* *Days.*

Color, White *Sex,*

~~*Married*~~, *Single,* ~~*Widowed, Widower,*~~ { Cross out the words not required in this line. }

Occupation, Nun

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and number. } 346 E Baltimore St

Cause of Death, { First (Primary,) Malignant disease of Sacrum. Second (Immediate,) Nephritis

Duration of Last Sickness, Several months

All the above information should be furnished by the Physician.

Place of Burial, St Patricks

Date of Burial, Jan. 28th

{ *Undertaker,* M. A. Daigle

{ *Place of Business,* 74 S Bway *Address*

Chas A Doremus M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...SICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST OF DISEASES on BACK ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 7719

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 26 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 25th 76

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William A Dell

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 48 *Years,* *Months,* *Days.*

Color, white

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Bookbinder

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Washington U. Hospital

Cause of Death, First (Primary,) Suicide by

Second (Immediate,) Laudanum

Duration of Last Sickness, 4 or 5 hours

All the above information should be furnished by the Physician

Place of Burial, Baltimore Cemetery

Date of Burial, Jan 27th 1876

Undertaker, Jas Loane,

Place of Business, 568 W. Balto St

Edmund R Walker M. D.
Medical Attendant.

Address Coroner N. P. District

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 7720

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 25 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 25th 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles G. Miles.

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, Forty Two *Years,* *Months,* *Days.*

Color, White *Sex,* Male.

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, Mariner,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Virginia.

Duration of Residence in the City of Baltimore, Nineteen Years.

Place of Death, {Give street and number.} 427 E. Baltimore St.

Cause of Death, {First (Primary,) Consumption.
{Second (Immediate.)

Duration of Last Sickness, Six Months.

All the above information should be furnished by the Physician.

Place of Burial, Norfolk Va

Date of Burial, January 27 1876

Undertaker, Hughes & Co

Place of Business, 65 S. Broadway

Nicholas L. Dashiell, M. D.
Medical Attendant.

Address 207 S. Broadway.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

(Transit 324)

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 7721

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 26 1876 BALTIMORE

Date of Death, January 26th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Martha E Burk

Sex, Male or Female, {Cross out the word not required in this line.}

Age, *Years,* *Months,* 3 weeks *Days.*

Color, white *Sex,* female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto city

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 80 Commerce St

Cause of Death, First (Primary,) Ecclampsia

Second (Immediate,) Exhaustion

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemt

Date of Burial, Jan 27 - 1876

{*Undertaker,* John H Rodenmayer *Address* 256 N. Eden St.

{*Place of Business,* N E Cor Lemmont & Monument St

J. Baltzer *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...sicians is respectfully invited to the remarks below, and to list of diseases on back...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 7722

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 26 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jany 26th 1st A M

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Owens Laws

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 75 *Years,* — *Months,* — *Days.*

Color, *Sex,*

~~*Married, Single,*~~ *Widow or* ~~Widower,~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Delaware

Duration of Residence in the City of Baltimore, 25 Yrs

Place of Death, {Give street and number.} 128 W Madison

Cause of Death, First (Primary,) Old age

Second (Immediate,) Senile Brochial Catarah

Duration of Last Sickness, Three weeks

All the above information should be furnished by the Physician.

Place of Burial, Greenmt

Date of Burial, Jan 27th 1876

J. J. Caldwell M. D.
Medical Attendant.

Undertaker, Mr Scrum

Place of Business, 271 N Eutaw St *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 9723

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 26 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 24th 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie Gertrude Hobe

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 2 *Years,* 3 *Months,* *Days.*

Color, white *Sex,* female

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, since born

Place of Death, {Give street and number.} 116 S. High st

Cause of Death, First (Primary,) Hydrocephalus

Second (Immediate,)

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, Jan 26th 1876

Pierre G. Dausch M. D.
Medical Attendant.

Undertaker, James F. Byrne

Place of Business, No 63 N Gaunt st Address 27 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 7724

The Physician who attended any person in a last Illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 26 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 26th 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Phebus.

Sex, Male or Female, {Cross out the word not required in this line.}

Age, *Years,* *Months,* 11 Mons. *Days.*

Color, White. *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 111 South Wheeler St.

Cause of Death, First (Primary,) Cynanche.

Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, Jan 26

Undertaker, Wm M Leonard

Place of Business, 152 Baltimore St *Address* 345 N. Baltimore St.

J. Wilson Wood M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of Illegitimate children.

[OVER.

(Transit 325)

...ysicians is respectfully invited to the remarks below, and to List of Diseases on back.

Board of Health, City of Baltimore,

No. 7725

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 26 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan. 27 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charlotta Hoffman

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 1 *Years,* 1 *Months,* 19 - *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ———

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} city.

Duration of Residence in the City of Baltimore, ———

Place of Death, {Give street and number.} 152 Rawlings St

Cause of Death, First (Primary,) Dipitheritis

Second (Immediate,)

Duration of Last Sickness, 2 days.

All the above information should be furnished by the Physician.

Place of Burial, Balt. Cemetery

Date of Burial, 27 January

Abram B Arnold M. D.
Medical Attendant.

Undertaker, The Undertaker

Place of Business, 36 S. Eutaw St Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

No. 7726 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan 25-th. 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henry Travers Creighton

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, 70 *Years,* 1 *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Painter

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Dorchester County Md.

Duration of Residence in the City of Baltimore, 20 Years

Place of Death, {Give street and number.} 379 Light-st- Balto.

Cause of Death, First (Primary,) cancer of the stomach.

Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Dorchester Co. Md

Date of Burial, Jan. 27. 1876

J. Edwin Hamington M. D.
Medical Attendant.

J. W. Millenberger M.D.

Undertaker, Armstrong

Place of Business, 143 Light

Address 321 Light-st-

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

(Transcript 326)

Board of Health, City of Baltimore,

No. 7727

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 26 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 26th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Edward Seebode

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* 3 *Months,* 16 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 108 Hill St

Cause of Death, First (Primary,) Scarlet fever

Second (Immediate,) Cerebral Effusion

Duration of Last Sickness, 11 days

All the above information should be furnished by the Physician.

Place of Burial, Balto County

Date of Burial, January 27th 1876

Undertaker, Charles F. Hurd

Place of Business, 161 Cantrell

L. C. Bunch M. D.

Medical Attendant.

Address 1111 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Y ▲ F I L M ■

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 7728

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 26 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 24 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mrs Amanda Penn

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 25 *Years,* *Months,* *Days.*

Color, Yellow *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} married

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} in Baltimore

Duration of Residence in the City of Baltimore, Resided here

Place of Death, {Give street and number.} 94 Orchard St

Cause of Death, {First (Primary,) Phthisis

{Second (Immediate,)

Duration of Last Sickness, 8 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 26 76

{*Undertaker,* J. H. Chase

{*Place of Business,* 191 Hanover *Address*

Benderson M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

A K S A F E T

Board of Health, City of Baltimore,

No. 7729 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last Illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 27 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 25th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lucelia L. Clabaugh

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 54 *Years,* 5 Months, *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, ——

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Hancock Washington Co. Md.

Duration of Residence in the City of Baltimore, 24 years

Place of Death, {Give street and number.} 205 West Lombard St

Cause of Death, First (Primary,) Typhoid Pneumonia

Second (Immediate,) Peritonitis with perforation of the bowels

Duration of Last Sickness, 14 days

All the above information should be furnished by the Physician.

Place of Burial, Green Mt. Cemetery

Date of Burial, 28th Jany 1876

Jos. Lloyd Martin M. D.
Medical Attendant.

Undertaker, Hyn. Jenkins Son

Place of Business, 16 Light St Address 38 Mount Vernon Place

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

PHYSICIANS IS RESPECTFULLY INVITED TO THE REMARKS PRINTED ON THE BACK OF THIS CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 7730

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
JAN
27
1876
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jany 27 1876 27 Jany Parents

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Spencer & Mary Spencer

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ____ *Years,* ____ *Months,* 1 *Days.*

Color, W

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ____

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 431 Mount

Duration of Residence in the City of Baltimore, 1 day

Place of Death, {Give street and number.} 431 Mount

Cause of Death, {First (Primary,) Premature Birth
Second (Immediate,) no cause

Duration of Last Sickness, 1 hour

All the above information should be furnished by the Physician

Place of Burial, Mount Olivet

Date of Burial, Jan 27

J H Latimer - *M. D.*
Medical Attendant.

{*Undertaker,* C H Blizzard
Place of Business, 187 Lanvale *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...physicians is respectfully invited to the remarks below, and to list of diseases on back...

Board of Health, City of Baltimore,

No. 7731

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 27 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 27th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Mary Deems

~~Sex, Male or~~ Female, {Cross out the word not required in this line.} Female

Age, — *Years,* about 9 *Months,* — *Days.*

Color, White *Sex,* —

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt: 2nd Life

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} Prot Protestant Infant Asylum Insanitorium

Cause of Death, First (Primary,) —

Second (Immediate,) —

Duration of Last Sickness, During Life

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, Jan 27

Undertaker, C H Blizzard

Place of Business, 187 Lanvale St — *Address* 248 Madison

Thos. S. Latimer M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Physicians is respectfully invited to the remarks below, and to list of diseases on back [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 7732.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 27 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 26th 1876

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } James Henry Schumacher

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, ... *Years,* 4 *Months,* ... *Days.*

Color, White *Sex,* ...

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, ...

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, 4 Months

Place of Death, { Give street and number. } 216 Bank St

Cause of Death, { First (Primary,) Scrofula Frontal sinus
Second (Immediate.) Ulcera lacta & abscess in

Duration of Last Sickness, four days

All the above information should be furnished by the Physician.

Place of Burial, Balt: Cemetery

Date of Burial, January 28 1876

Thomas Shearer M. D.
Medical Attendant.

{ *Undertaker,* Sam'l Maker
{ *Place of Business,* Lauderbach *Address* 97 N. Charles St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 7733

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 27 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 26th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Florence Hanson

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ... *Years,* 4 *Months,* ... *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} S E cor Mulberry & Pearl sts

Duration of Residence in the City of Baltimore, 4 Month

Place of Death, {Give street and number.} S. E. cor Mulberry & Pearl sts

Cause of Death, First (Primary,) ...

Second (Immediate,) Marasmus

Duration of Last Sickness, 1 month.

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, Jan 27th 1876

D Darling M. D.
Medical Attendant.

Undertaker, M. Schilling

Place of Business, Penn Ave *Address* 443 Mulberry st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...SICIANS IS RESPECTFULLY INVITED TO THE REMARKS BELOW, AND TO LIST OF DISEASES ON BACK OF...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 7734

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPT. JAN 27 1876 BALTIMORE

Date of Death, Thursday, 26th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Dorothea Beck

Sex, Male or Female, {Cross out the word not required in this line,} Female

Age, Two (2) *Years,* Six (6) *Months,* Four (4) *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore. Since birth

Place of Death, {Give street and number.} # 13 Aliceanna

Cause of Death, {First (Primary,) Pneumonia; Second (Immediate,) Convulsions}

Duration of Last Sickness, 3 Months

All the above information should be furnished by the Physician

Place of Burial, St Mathias Cemetery

Date of Burial, January 27th 1876

Undertaker, Leonhard Thurn

Place of Business, 8 Bond Street.

G. L. McKim M. D.
Medical Attendant.

Address 6 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children

[OVER.]

Board of Health, City of Baltimore,

No. 7735

OFFICE OF REGISTRAR OF VITAL STATISTICS. 1

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *forty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 26th Jan 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mattie E Steward

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* 2 *Months,* 16 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 205 S. Fremont St

Cause of Death, {First (Primary,) Convulsions

{Second (Immediate,)

Duration of Last Sickness, 14 hours

All the above information should be furnished by the Physician.

Place of Burial, Edelen Cem

Date of Burial, Jan 28th 1876

Undertaker, Peter Mackin

Place of Business, No 150 Camden

H. W. Dodge *M. D.*
Medical Attendant.

Address 201 Hanover St
Baltimore Md

JAN 27 1876 BALTIMORE

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

(Transit 327)

[OVER.]

physicians is respectfully invited to the [illegible]

Board of Health, City of Baltimore,

No. 7736

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 27 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan. 26th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Daniel Dahman

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 59 *Years,* *Months,* 20 *Days.*

Color, white *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Shoemaker

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Hanover (Germany)

Duration of Residence in the City of Baltimore, 23 years

Place of Death, {Give street and number.} 11 Walker's

Cause of Death, First (Primary,) Paralysis

Second (Immediate,)

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Westminster

Date of Burial, 28 of January

A. Miller M. D.
Medical Attendant.

Undertaker, W. Secrest

Place of Business, 38 S. Eutaw St. *Address* 95 S. Sharp's

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 7737

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

JAN 27 1876 HEALTH DEPT. BALTIMORE

Date of Death, January 26th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizth Ebert

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 68 ~~6~~ *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation, House Keeper

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 26 years

Place of Death, {Give street and number.} No 30 Cross St.

Cause of Death, First (Primary,) Old age.

Second (Immediate,) Natural Causes

Duration of Last Sickness, Sudden

All the above information should be furnished by the Physician

Place of Burial, Mt Olivet

Date of Burial, Jan 27th

Undertaker, Wm J. Tickner

Place of Business, 65 S. Eutaw St

R. C. Lee M. D.

~~Medical Attendant~~ Coroner S. D.

Address Hanover Barre Sts N. W. Cor

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 7738,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 29 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jany 26th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary R Thomas

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.} Female

Age, 28 *Years,* 10 *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 172 N Central Av

Cause of Death, {First (Primary.) Phthisis Pulmonalis / Second (immediate.) Abcess of lungs

Duration of Last Sickness, One year or More

All the above information should be furnished by the Physician

Place of Burial, Western Cemetery

Date of Burial, Jan 28th/76

A Hartman *M. D.,* Medical Attendant.

Undertaker, Geo. Schilling

Place of Business. Cor Lexington & Monument St Address 305 N Caroline St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7739

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. JAN 27 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 26th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Lowry

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 4 *Years,* 2 *Months,* *Days.*

Color, Black *Sex,* female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 66 Davis Street

Cause of Death, First (Primary,) Scarlet Fever

Second (Immediate,) Convulsions

Duration of Last Sickness, 2 weeks

All the above Information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Jan 28 1876

Undertaker, John C. Jordan

Place of Business, 63 Park Ave — *Address*

B. J. Mulvey M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 7740

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 27 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 25th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Thomas H Ringold

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 8 *Years,* 7 *Months,* *Days.*

Color, Colored *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, 8 years

Place of Death, {Give street and number.} 47 Orchard St

Cause of Death, {First (Primary,) Scrofula

{Second (Immediate,)

Duration of Last Sickness, 1 year

All the above Information should be furnished by the Physician.

Place of Burial, Laurel Cemetery C Winslow M. D.

Date of Burial, Jan 27th 1876 Medical Attendant.

{*Undertaker,* Wm. C. Lord Co *Address* 23 N Eutaw St

{*Place of Business,* 62 Park Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

No. 7741

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 27 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jany 26/75

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George Keys

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 32 *Years,* *Months,* *Days.*

Color, Mulatto *Sex,* Male

~~*Married,*~~ *Single,* ~~Widow or Widower~~ {Cross out the words not required in this line.}

Occupation, Street Musician

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Westminster Md.

Duration of Residence in the City of Baltimore, Eighteen years

Place of Death, {Give street and number.} 23 State St

Cause of Death, {First (Primary,) Phthisis Pulmonalis
Second (Immediate) Exhaustion

Duration of Last Sickness, Five months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery *Jno. McDowell* M. D.
Medical Attendant.

Date of Burial, Jan 27th 1876

{*Undertaker,* J. H. C. Forde
{*Place of Business,* 63 Park St *Address* 290 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 77.42

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 27 1876 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, Jan 25

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elliza Davis

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} ~~Male~~

Age, 60. *Years,* — *Months,* — *Days.*

Color, White *Sex,* Female

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.} ~~Single, Widow or Widower~~

Occupation, Nurse

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 498 S. Fremont St.

Cause of Death, First (Primary,) Division of Aortic Valves of Heart

Second (Immediate,) With Hypertrophy.

Duration of Last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, Western Co. *Gordon Boyd & Co* M. D.

Date of Burial, Jan 27 1876 Medical Attendant.

Undertaker, J. B. Blackistone & Son *Address* 146 Hanover St

Place of Business, 606 Balt St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 7743,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 27 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 26th 76

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Thomas Callen or Callegan

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 35 *Years,* *Months,* *Days.*

Color, white *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} unknown

Occupation, Oyster Dredger

Birthplace, {State or country (and how long in the United States, if of foreign birth.} N Y State probably

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Foot of Light Street Basin

Cause of Death, First (Primary,) Accidental } Fracture of Cranium.
Second (Immediate.) Effusion of Brain

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, E. Potters Field

Date of Burial, Jan 27th 1876

Undertaker, H. Donovan

Place of Business, 814 S. Central ave *Address*

Edmund R Walter **M. D.**
Medical Attendant.
Coroner 2nd D.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 7744

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 27 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 27

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents } Jenny Conley

~~*Sex,*~~ *Male* ~~*or Female,*~~ { Cross out the word not required in this line. }

Age, 73 *Years,* *Months,* *Days.*

Color, White *Sex,*

~~*Married, Single, Widow or Widower,*~~ { Cross out the words not required in this line. }

Occupation, Laborer

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Ireland

Duration of Residence in the City of Baltimore, 25 years

Place of Death, { Give street and number. } 166 High St

Cause of Death, { First (Primary,) Cerebral Apoplexy / Second (Immediate,) }

Duration of Last Sickness, about one week

All the above information should be furnished by the Physician.

Place of Burial, St Patricks Cemetery

Date of Burial, Jan 28th 1876

Chas O'Donovan M. D.
Medical Attendant.

{ *Undertaker,* Henry W. Mears
{ *Place of Business,* No 15 N Gay St *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

No. 7745

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 27 1876 BALTIMORE

Date of Death, January 26th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Martha Ann Claypoole

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.} Female

Age, Sixty seven *Years,* nine *Months,* Thirteen *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.} Married

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Chestertown Kent Co Md

Duration of Residence in the City of Baltimore, Twenty years

Place of Death, {Give street and number.} # 418 S. Eden St 1st house north of John west side

Cause of Death, {First (Primary,) Apoplexy

{Second (Immediate,) Paralysis

Duration of Last Sickness, Two days

All the above information should be furnished by the Physician

Place of Burial, Greenmount Cemetery

Date of Burial, January 28th 1876

Undertaker, John H. Weaver

Place of Business, # 22 W. Fayette St

A Hartman M. D.
Medical Attendant.

Address # 305 N Caroline St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Physicians is respectfully invited to the remarks below, and to list of diseases on back of this certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Certificate No. 7746

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 27 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 26th 76

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mrs Ellen O'Brien

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 25 *Years,* *Months,* *Days.*

Color, White *Sex,* Married

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Boston Mass

Duration of Residence in the City of Baltimore, 22 years

Place of Death, {Give street and number.} 22 Valley St

Cause of Death, {First (Primary,) Phthisis Pulmonalis

Second (Immediate,) 5 weeks

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, Jan 27th 1876

{*Undertaker,* James P Byrne

Place of Business, No 63 So Front St

Jno. Burke Byrne M. D.
Medical Attendant.

Address 174 E. Eager St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Cert. No. 7747.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 27 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 26.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wm R. Hoffman (Harper)

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 31. *Years,* —— *Months,* 12. *Days.*

Color, Black. *Sex,* Male

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Paper Hanger

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Cincinatti Ohio

Duration of Residence in the City of Baltimore, 4 Years

Place of Death, {Give street and number.} 126 Hill St.

Cause of Death, First (Primary,) ——

Second (Immediate,) Phthisis

Duration of Last Sickness, 4 Years

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery Co

Date of Burial, Jany 28th 1876 Theodore Bond M. D.

Medical Attendant.

Undertaker, Wm James Gray

Place of Business, 65 Mulberry St. *Address* 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 7748

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 27 1916 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 26th 1916.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Andrew Mitchell,

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, Sixty two *Years,* *Months,* *Days.*

Color, Colored *Sex,* Male,

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Carter

Birthplace, {State or country (and how long in the United States, if of foreign birth.} St Michael Talbot Co Md

Duration of Residence in the City of Baltimore, one year,

Place of Death, {Give street and number.} 39 & Durham St

Cause of Death, {First (Primary.) / Second (Immediate.)} Consumption,

Duration of Last Sickness, Twelve months,

All the above information should be furnished by the Physician.

Place of Burial, Loudon Cemetery

Date of Burial, Jan 27th 1916

Nicholas L Mitchell, M. D.
Medical Attendant.

{*Undertaker,* John W. Locker
Place of Business, 57 South Wolfe St Address 217 S Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certi...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

rmit No. 7749.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 26th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Edw Kelly

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 19 Month *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 180 Constitution St of Eager

Cause of Death, {First (Primary,) Second (Immediate,)} Scarlet Fever Malignant

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, Jany 27 1876

{*Undertaker,* James D Byrne
Place of Business, No 63 Sth Fourth *Address*

Wm Whitridge M. D.
Medical Attendant

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 7750

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 28th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Willie Barnes.

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 6 *Years,* — *Months,* — *Days.*

Color, White *Sex,* Male

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland Balto city

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} No 29 Holland st Balto, Md

Cause of Death, {First (Primary,) Second (Immediate,)} Scarlet Fever.

Duration of Last Sickness, 7 Days.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem.

Date of Burial, Jan. 29th, 1876

{*Undertaker,* Mahaffey

Place of Business, 74 Bay

J. Ridgway Moore M. D.
Medical Attendant.

Address No 121 E. Balto st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

...t No. 7751

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 28 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan 27th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ida Binnwanger

Sex, Male or Female, {Cross out the word not required in this line.} –

Age, *Years,* *Months,* one *Days*

Color, white *Sex,* female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 319 W. Saratoga

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 11 4

Cause of Death, {First (Primary,) Atelectasis of Lungs

{Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Ef Ita Cemetary G. Liebmann M. D.

Date of Burial, 29 Jan 76 Medical Attendant.

{*Undertaker,* J Herzog *Address* 58 N Front St

{*Place of Business,* 91 E Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7752,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 28 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan 28

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary L. Dicken

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 25— *Years,* ——— *Months,* ——— *Days.*

Color, White *Sex,* Female

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} ~~425 Hanover~~ Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 425 Hanover St

Cause of Death, {First (Primary,) Phthisis

{Second (Immediate,)

Duration of Last Sickness, 2 Years

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet cemetery

Date of Burial, January 30th 1876

Sherrard Booth M. D.
Medical Attendant.

{*Undertaker,* Charles F. Hoerold

{*Place of Business,* 161 Hanover St. *Address* 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Cert. No. 7753

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 26 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 24 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Pleasant Barksdale

Sex, Male or Female, {Cross out the word not required in this line.} F

Age, 80 *Years,* *Months,* *Days.*

Color, W *Sex.* F

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 20 years

Place of Death, {Give street and number.} Baltimore Hospital

Cause of Death, {First (Primary,) Infirmities of age

{Second (Immediate,) Bronchitis

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, New Windsor Carroll Co

Date of Burial, Jan 28th 1876

{~~Undertaker~~, Dr. R. Bartholow

{~~Place of Business~~, Same

Richard Bartholow M. D.
Medical Attendant.

Address 187 N Howard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Physicians is respectfully invited to the remarks below, and to use of [illegible]

Board of Health, City of Baltimore,

Permit No. 7757

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 28 1876 BALTIMORE.

Date of Death, January 26th 1876

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents } Saphronia Ward

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 54 Years, Months, Days.

Color, Color Sex, Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } No 291 Hanover st

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } No 286 Pennsylvania st

Cause of Death, { First (Primary,) Second (Immediate,) } Heart Pleurisy Six Days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Jan 27. 76

{ *Undertaker,* C W Glover
{ *Place of Business* 148 Hanover st

J Shultz M. D.
Medical Attendant.

Address No 200 S Eutaw st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Cer...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7753

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 28 1876 BALTIMORE

Date of Death, January 27. 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Henry Watkins

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, ——— *Years,* Two *Months,* Seven *Days.*

Color, Black *Sex,* Male.

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 87 Canal Alley. City

Duration of Residence in the City of Baltimore, 2 mos. 7 days.

Place of Death, {Give street and number.} 87 Canal Alley City

Cause of Death, { First (Primary,) Convulsions
Second (Immediate,)

Duration of Last Sickness, 1 week.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery W. E. Moseley M. D.
Medical Attendant.

Date of Burial, Jan 27 76

Undertaker, W. H. Grove

Place of Business, 184 Howard *Address* 169 to 173 Biddle St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

# of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7[illegible]

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 1876 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, Jan. 26. 1876 —

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sylvester Norton,

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 38 *Years,* *Months,* *Days.*

Color, Mulatto, *Sex,* Male —

Married, ~~Single~~, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Janitor —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Harford Co. Md —

Duration of Residence in the City of Baltimore, 8 years —

Place of Death, {Give street and number.} S. P. O. Avenue —

Cause of Death, First (Primary,) Phthisis Pulmonalis,

Second (Immediate,)

Duration of Last Sickness, 6 months —

All the above information should be furnished by the Physician.

Place of Burial, ~~Harford Co Md~~,

Date of Burial, Jan 27 1876

Undertaker, [illegible]

Place of Business, [illegible] *Address* 24½ Lawrence St —

J. S. Ingle M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

(Transit 329)

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

mit No. 7757

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
JAN 28 1876
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 28 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Samuel Conner

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 25 *Years,* ——— *Months,* ——— *Days.*

Color, Blk

Married, ~~Single, Widow or Widower.~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 10 years

Place of Death, {Give street and number.} Lexow's alley near Saratoga St

Cause of Death, {First (Primary,) Cold & Exposure
Second (Immediate,) Consumption

Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician

Place of Burial, Laurel Cemetery

Date of Burial, Jan 29 1876

James A Stewart M. D.
~~Medical Subordinate~~

Undertaker, Jas H. Davis *Address* Commiss of Health & Registrar

Place of Business, Saratoga St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Information by Logan Dennis Cor. 132 York St.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7758

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 28 1876 BALTIMORE

Date of Death, Jan 26th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Deutman

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 23 *Years,* *Months,* *Days.*

Color, White *Sex,*

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Seaman

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Holland

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} Infirmary Lombard & Green Sts,

Cause of Death, First (Primary,) Phthisis

Second (Immediate,) Pulmonary Catarrh.

Duration of Last Sickness, Fifteen days

All the above information should be furnished by the Physician.

Place of Burial, W. P. Field

Date of Burial, Jany 27th

Undertaker, H H L Berry

Place of Business, 409 N Eutaw st Address

T A Cosby, M. D.
Medical Attendant.

Univ. Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7759

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPART JAN 28 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 27th 55 M.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Christiana Elizabeth Baltimore

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, [redacted] *Years,* [redacted] 9 *Months,* 8 *Days.*

Color, white *Sex,* female

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} No 56 S. Howard St.

Cause of Death, First (Primary,) Diphtheria

Second (Immediate,) Diptheria

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Jan. 29th 1876

Undertaker, H. H. Jenkins & Son

Place of Business, 16 Light St. *Address* 165 W. Lombard St

Henry Sager M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certi...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7760

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 28 1976 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan 28th (7 A.M.)

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lizzie Maxwell

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 5 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 206 Aisquith St

Cause of Death, First (Primary,) Scarlatina Maligna

Second (Immediate,) Coma

Duration of Last Sickness, 48 hours

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Jan 29th/76

R. J. Smith M. D.
Medical Attendant.

Undertaker, Geo. Schilling

Place of Business, Aisquith & Monument St *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certi...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7761

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 28 1876 BALTIMORE

Date of Death, January 26. 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Rosa Brown

Sex, Male or Female, {Cross out the word not required in this line.} ~~Male~~ Female

Age, 1 *Years,* ~~month~~ *Months,* *Days.*

Color, Colored *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} ~~-~~ 60 Biddle alley

Cause of Death, First (Primary,) Vaccination.

Second (Immediate,) ~~Pyaemia~~ Pyaemia

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, New Catholic [illegible] J. B. Browne M. D.

Medical Attendant.

Date of Burial, Jan 28 1876

Undertaker, Thos. C. Jordan

Place of Business, 63 Park ave Address 307 Madison Avenue

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Cer...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7762

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 28 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jany. 27 - 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Paul Machen

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ——— *Years,* 4 *Months,* 15 *Days.*

Color, White *Sex,*

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 231 Pierce St.

Cause of Death, First (Primary,) Erysipelas of the Scrotum & Perineum

Second (Immediate,) Gangrene and accompanying exhaustion.

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Baltimore cemetery Louis W. Knight M. D.

Medical Attendant.

Date of Burial, Jany 27

Undertaker, [illegible]

Place of Business, [illegible] West Baltimore *Address* 142 N. Greene

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this cer

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7763,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 28 1876 BALTIMORE

Date of Death, Jan 27th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles Henry Dennis

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 23 *Years,* — *Months,* — *Days.*

Color, Colored *Sex,* Male

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Waiter

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 23 yrs

Place of Death, {Give street and number.} 36 Morris Alley

Cause of Death, {First (Primary,) Rheumatic Carditis

{Second (Immediate,) " "

Duration of Last Sickness, 5 years — Dr G saw him 3 hours before death was then dying

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cem

Date of Burial, Jan 28 1876

Elias C Price M. D.
Medical Attendant.

Undertaker, John C. Jordan

Place of Business, 63 South ave *Address* 262 Madison Av

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

F E T Y ▲ F I

Physicians is respectfully invited to the remarks below, and to list of diseases on back

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7764

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE 1876

CERTIFICATE OF DEATH.

Date of Death, January 28th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Charles Johnson

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 23 *Years,* *Months,* *Days.*

Color, W *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line}

Occupation, Sailor

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Sweden

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Wellmere Ship Yard - foot of Hill St.

Cause of Death, First (Primary,) Drowned

Second (Immediate.)

Duration of Last Sickness, Sudden Death

All the above information should be furnished by the Physician.

Place of Burial,

Date of Burial, Jan 29th 1876

Undertaker, W. Donovan

Place of Business, Central Ave

Chas M. Wright M. D.
Coroner E.D. ~~Medical Attendant~~

Address 84 E Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

KODAK S·A

...Physicians is respectfully invited to the remarks below, and to List of Diseases on B...

Board of Health, City of Baltimore,

Permit No. 7765

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 28 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 27th 1876

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Minerva Seaman

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 6 *Years,* 4 *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore Md

Duration of Residence in the City of Baltimore, since Birth

Place of Death, { Give street and number. } 187 Gough St

Cause of Death, First (Primary,) Fall injury to Brain

Second (Immediate,) Cerebral Meningitis

Duration of Last Sickness, 3 Weeks

All the above information should be furnished by the Physician.

Place of Burial, M E Bal Md

Date of Burial, Jan. 29th

Undertaker, M A Waiger

Place of Business, 74 Bay

Samuel E Donnelle M. D.
Medical Attendant.

Address 297 E. Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7766

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 28 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 27 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Bernard Fink

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 42 *Years,* 6 *Months,* one *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 13 years

Place of Death, {Give street and number.} No 6 Fountain st

Cause of Death, First (Primary,) Pulmonary Phthisis

Second (Immediate,) Exhaustion

Duration of Last Sickness, Several years

All the above information should be furnished by the Physician.

Place of Burial, 5 German Reformed & St Paul's Cemetery

Date of Burial, Jan 29th 1876

L. Offutt M. D.
Medical Attendant.

Undertaker, Geo Frechtl

Place of Business, No 339 Canton Av *Address* 12 S. Eden st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7767

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 25 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 27th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Bernadina Anderson

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 38 *Years,* 4 *Months,* — *Days.*

Color, White *Sex,* Female

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, about 30 years

Place of Death, {Give street and number.} 127 N. Paca St

Cause of Death, {First (Primary,) Consumption

Second (Immediate,) about Eighteen months

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Un Methodist Cemetery Jefferson Hopkins M. D.

Date of Burial, June 29th 1876. Medical Attendant.

{*Undertaker,* George Syffran. Address 148 Mulberry St

{*Place of Business,* 91 Seventh Ward

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...ON of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this Cert...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7768

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 29 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan 27th 76

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William L Hornfager

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 63 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Lawyer

Birthplace, {State or country (and how long in the United States, if of foreign birth)} New York

Duration of Residence in the City of Baltimore. Resident of Brooklyn N.Y.

Place of Death, {Give street and number} Maltby House

Cause of Death, {First (Primary.) Unknown. Second (Immediate.) Heart disease probably

Duration of Last Sickness, 1/2 hour

All the above information should be furnished by the Physician

Place of Burial, New York City N.Y.

Date of Burial, Saturday Jan 29th

Edwd D Walke M. D. Attending Physician

Undertaker, H. H. Jenkins Son Coroner

Place of Business, 16 Light St. Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

(Transit 330)

[OVER.]

...of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of t...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7769

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 29 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 28th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Patrick McGarigle

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 4 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, Life Time

Place of Death, {Give street and number.} 13 N. Allen's Court

Cause of Death, First (Primary,) Scarlet fever

Second (Immediate,)

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, Holy cross cemetery Jno. Burke Boyle M. D.

Date of Burial, Jan 29 2 Oclock Medical Attendant.

Undertaker, George Rodenmyer

Place of Business, 138 Eden St Address 114 E. Eager St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 7770

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 29 1876 BALTIMORE

Date of Death, January 28 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John H Linzey

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, 61 *Years,* —— *Months,* 13 *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.} Married

Occupation, Plasterer & Police officer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} # 299 E Eager St

Cause of Death, {First (Primary.) Phthisis

{Second (Immediate,) Pulmonary Abscess

Duration of Last Sickness, Two years or More

All the above information should be furnished by the Physician

Place of Burial, Greenmount Cem.

Date of Burial, Jany. 30th 1876

A Hartman M. D.
Medical Attendant.

Undertaker, George C Rodenmayer

Place of Business, 138 Orson St *Address* 305 N Caroline St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...n of Physicians is respectfully invited to the remarks below, and to List of Diseases on back ...

Board of Health, City of Baltimore,

Permit No. 7776

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 29 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Friday January 28. 76

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Laurence L. Pridham

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, 87 *Years,* — *Months,* — *Days.*

Color, White *Sex,* Male

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.} Married

Occupation, Druggist

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Exeter England

Duration of Residence in the City of Baltimore, About 20 yrs

Place of Death, {Give street and number.} Ch. Home & Infir. N. Biray

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate,)

Duration of Last Sickness, months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Jan 29/76

Undertaker, Keighley

Place of Business, 344 E. Broadway

Frank D Garvin M. D.
Medical Attendant.

Address Ch. Home & Infirmary N. Biray

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...on of Physicians is respectfully invited to the remarks below, and to list of diseases on back.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1772

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 29 1876 BALTIMORE

Date of Death, Jan 28th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Laura Houseman

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 3 *Years,* *Months,* 6 *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 12 N. Mount St

Cause of Death, {First (Primary,) Scarlet fever

{Second (Immediate,) about two weeks

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem

Date of Burial, Jan 29th 1876

{*Undertaker,* Hughes & Co

{*Place of Business,* 830 Fayette St.

W. R. McShane M. D.
Medical Attendant.

Address 182 W Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 7773.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 29 1876 BALTIMORE

Date of Death, January 27. 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ann Mullen.

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female.

Age, 76 *Years,* ~ *Months,* ~ *Days.*

Color, White *Sex,* Female.

~~Married~~, ~~Single~~, Widow or ~~Widower~~, {Cross out the words not required in this line.} Widow.

Occupation, ~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland.

Duration of Residence in the City of Baltimore, 41 Years.

Place of Death, {Give street and number.} 9 E. Pratt St

Cause of Death, First (Primary,) Chronic Enteritis. Diarrhoea.

Second (Immediate.) Asthenia.

Duration of Last Sickness, Sick 8 years - Ill 2 wks.

All the above information should be furnished by the Physician.

Place of Burial, St Vincents Cemetery

Date of Burial, Jan 29 1876

Undertaker, James D Byrne

Place of Business, No 63 n Frent St

Jno F Powell. M. D.
Medical Attendant

Address 72 E. Pratt St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

ATION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this

Board of Health, City of Baltimore,

Permit No. 7774

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT U JAN 29 1876 BALTIMORE

Date of Death, January 27th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Michael Halpin

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 27 *Years,* *Months,* *Days.*

Color, W

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 10 Yrs

Place of Death, {Give street and number.} Washington University Hospital

Cause of Death, First (Primary,) Accident

Second (Immediate,)

Duration of Last Sickness, Sudden Death

All the above information should be furnished by the Physician

Place of Burial, Evans Town cemetry

Date of Burial, Jan 29 1876

Undertaker, James P Byrne

Place of Business, No 63 N Front St *Address*

Chas M. Morfit M. D.
Coroner. ~~Medical Attendant~~

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...ation of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7775

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 29 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 28th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wm D. Wites

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, Twenty one *Years,* Five *Months,* Fortun *Days.*

Color, White *Sex,* male

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Can maker

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Phila Penn'a

Duration of Residence in the City of Baltimore, Twenty one years.

Place of Death, {Give street and number.} 338 McDonogh St

Cause of Death, First (Primary,) Phthisis

Second (Immediate,)

Duration of Last Sickness, Unknown

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemetery

Date of Burial, Sunday, June 30th 1875

Undertaker, Wm G Hughes

Place of Business, 116 E Lexington

J. S. White, M. D.
~~Medical Attendant.~~

Address 361 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...tion of Physicians is respectfully invited to the remarks below, and to List of Diseases on Back ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7776

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 29 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 27th 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Emma Elenora Smith

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, Three *Years,* One *Months,* Twenty *Days.*

Color, White *Sex,* Female

~~Married~~, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, 3 yrs 1 mo. 20 days

Place of Death, {Give street and number.} # 230 Hollins St

Cause of Death, {First (Primary,) Malignant Scarlet Fever
Second (Immediate,) Convulsions

Duration of Last Sickness, Six Days

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, January 30th 76.

Jas. L. Smithiman M. D.
Medical Attendant.

{*Undertaker,* Jno. P. Pauline *Address* # 584 W Fayette St
{*Place of Business,* 66 Fredk Avenue

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...ion of Physicians is respectfully invited to the remarks below, and to List of Diseases on back.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7777

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
JAN
29
1876
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan. 27th 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wm C Foos

Sex, Male or Female, {Cross out the word not required in this line.} M

Age, 43 *Years,* *Months,* *Days.*

Color, W. *Sex,* M.

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.} M

Occupation, Painter

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, 43

Place of Death, {Give street and number.} E Monument N 268

Cause of Death, First (Primary,) Phthisis

Second (Immediate,)

Duration of Last Sickness, 3 years

All the above information should be furnished by the Physician.

Place of Burial, Balto cemetery

Date of Burial, Jan 30

A. J. Kennedy M. D.
Medical Attendant.

Undertaker, Wm Frey

Place of Business, Bradenbaugh & Fryer *Address* 186 Aisquith St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...ation of Physicians is respectfully invited to the remarks below, and to List of Diseases on back ...

Board of Health, City of Baltimore,

Permit No. 7778

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 29 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 28th 1876.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents } Julia Ann Freburger

Sex, ~~Male or Female~~, { Cross out the word not required in this line. }

Age, Forty Years, ——— Months, ——— Days.

Color, White *Sex,* Female

~~Married, Single~~, Widow or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, ———

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Forty three years

Place of Death, { Give street and number. } Payson st near Pratt st

Cause of Death, { First (Primary,) Bilious Fever
Second (Immediate,) Hemorrhage of Stomach

Duration of Last Sickness, Ten days

All the above information should be furnished by the Physician.

Place of Burial, Balto. Cemetery

Date of Burial, Jan 31st 1876

Jas. L. Smith M. D.
Medical Attendant.

Undertaker, Wm. C. Leonard

Place of Business, Balto. st & Bubury alley *Address* ~~#~~ 584 W Fayette st

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Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...cation of Physicians is respectfully invited to the remarks below, and to List of Diseases on back.

Board of Health, City of Baltimore,

Permit No. 7779. OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 29 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jany 28th 76

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Bernard Hagan

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, about 50 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Co: Tyrone Ireland.

Duration of Residence in the City of Baltimore, about 24 yrs.

Place of Death, {Give street and number.} No 77 S. Castle r.

Cause of Death, First (Primary,) Consumption

Second (Immediate,)

Duration of Last Sickness, two days.

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cimetery

Date of Burial, January 30th 1876

John F. Mc Mennamin M. D.
Medical Attendant.

Undertaker, H. & H. Gilmeyer

Place of Business, 341 Canton Av, *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...ution of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7780

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 29 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 27th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary C Bond

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 36 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Housekeeper

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Co. Mayo. Ireland. Ten years

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 86 S. Castle n.

Cause of Death, {First (Primary,) Consumption

Second (Immediate,)

Duration of Last Sickness, ~~Nine~~ Ago 19 J.

All the above information should be furnished by the Physician.

Place of Burial, St Patrick Cemetery

Date of Burial, January 29th 1876

{*Undertaker,* H. & H. Gilmeyer

{*Place of Business,* 341 Central Av,

John F. Commonis M. D.

Medical Attendant.

S.W. Cor. Calvert & Read n

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 7781

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 29 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 28th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Caroline Roddy

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 56 *Years,* —— *Months,* —— *Days.*

Color, Col'd

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Montgomery Co Md

Duration of Residence in the City of Baltimore, 2 weeks

Place of Death, {Give street and number.} 112 Dugan's Wharf

Cause of Death, {First (Primary,) Dyspepsia; Second (Immediate,) Dropsy

Duration of Last Sickness, 6 months.

All the above information should be furnished by the Physician.

Place of Burial, Montgomery Co Md

Date of Burial, Jan 30 1876

Undertaker, W. N. Dunzee

Place of Business, East St

James A Steuart M. D.

Address Commiss of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Charles W. Roddy – Husband Montgomery Co Md

[OVER.]

...ATION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK ...

Board of Health, City of Baltimore,

Permit No. 7782

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 29 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 28th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Ann Etta McAllister

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ... *Years,* 2 *Months,* ... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number.} 21 Warren St

Cause of Death, {First (Primary,) Capillary Bronchitis
Second (Immediate,) Convulsions

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician

Place of Burial, Cathedral Cemetery

Date of Burial, Jan 29th 1876

Undertaker, Andrew Leitz

Place of Business, 118 Druid Hill Ave

Edwd J. Abelson M. D.
Medical Attendant.

Address 279 W. Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7783

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 29 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan. 28th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Leslie Brown Ingram

~~*Sex,* Male or *Female,*~~ {Cross out the word not required in this line.}

Age, 3 *Years,* 5 *Months,* 10 *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. city

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 55 Gough St.

Cause of Death, {First (Primary,) Dropsy of Heart.
Second (Immediate,) One week

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Loudoun Park

Date of Burial, January 30th 1876

{*Undertaker,* Matthias A. Daiger
Place of Business, 74 S. Bway

R. W. Mansfield M. D.
Medical Attendant.

Address 117 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of THIS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7784

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 29 1876 BALTIMORE

Date of Death, Jan 28th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Thomas Johnson

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, *Years,* *Months,* 13 *Days.*

Color, red

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth)} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Chestnut st 114

Cause of Death, First (Primary,) Erythema of Brain

Second (immediate,) Convulsions

Duration of Last Sickness, One week

All the above information should be furnished by the Physician

Place of Burial, E. Potters Field

Date of Burial, Jan 29th 1876

Undertaker, W. Donovans

Place of Business, Central Ave

E. G. Baldwin M. D.
Medical Attendant.

Address 124 N Eutaw st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on Back.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7785

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 26 1876 BALTIMORE

Date of Death, January 28th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Crutchers

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 72 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Carpenter

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, 48 years

Place of Death, {Give street and number.} 33 Clark st

Cause of Death, First (Primary,) Dyspepsia

Second (Immediate,) Gastro Enteritis not Diarhoea

Duration of Last Sickness, Two Weeks

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cem'tery John B Purnell M. D.

Date of Burial, January 30th 1876 Medical Attendant.

Undertaker, John G Weaver *Address* 210 Franklin st

Place of Business, 22 N. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on Back.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7786

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 29 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 28th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Chas Dorsey

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 3 ? *Years,* *Months,* *Days.*

Color, Black *Sex,* M

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt°

Duration of Residence in the City of Baltimore, 206 Biddle St

Place of Death, {Give street and number.} 206 Biddle St

Cause of Death, {First (Primary,) Convulsions & Coma — Dont Know
Second (Immediate.)

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Grounds R. Winslow M. D.

Date of Burial, Jan 29th 1876 Medical Attendant.

Undertaker, John. C. Gordon Address 23 McCulloh St

Place of Business, No 62 Park Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7787

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 29 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 27 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Serena Courtney

Sex, Male or Female, {Cross out the word not required in this line.}

Age, One *Years,* ten *Months,* fifteen *Days.*

Color, Dark *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Since Life

Place of Death, {Give street and number.} No 59 Woods Alley

Cause of Death, First (Primary,) Consumption

Second (Immediate,)

Duration of Last Sickness, About one year

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cem. J. D. L. Rees M. D.

Date of Burial, Jan 29th 1876 Medical Attendant.

Undertaker, Wm A Gray *Address* 87 Madison St

Place of Business, 65 Mulberry St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK O[F]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7788

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 29 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 28th 76

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Unknown

Sex, Male or ~~Female~~; {Cross out the word not required in this line.}

Age, 60 to 70 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Unknown

Occupation, ——— Unknown

Birthplace, {State or country (and how long in the United States, if of foreign birth.} ——— Unknown

Duration of Residence in the City of Baltimore. Unknown

Place of Death, {Give street and number.} Found Drowned Foot of Frederick St Dock

Cause of Death, {First (Primary,) Accidental / Second (Immediate,) Drowning} Verdict of Coroner's Jury

Duration of Last Sickness, Had been in water several weeks

All the above information should be furnished by the Physician.

Place of Burial, E. Potters Field

Date of Burial, Jan 29 1876

Undertaker, H. Donovan

Place of Business, 148 S. Central Ave

Edmund Rwalker M. D.
Medical Attendant.
Coroner for C. Dist.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...ial Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back o...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7789

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 29 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jany 28th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Tripp

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 40 *Years,* *Months,* *Days.*

Color, Col *Sex,* Female

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, work

Birthplace, {State or country (and how long in the United States, if of foreign birth.} U S — Unite Virth

Duration of Residence in the City of Baltimore, Unite Virth

Place of Death, {Give street and number.} Nr 115 Sarah Ann St

Cause of Death, First (Primary,) Uterine Cancer

Second (Immediate,) Hamorhage

Duration of Last Sickness, Some months

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Ground

Date of Burial, Jan 30 1876

D W Austin M. D.
Medical Attendant.

Undertaker, John. C. Gordon

Place of Business, No 63 Parker *Address* 192 Pearl St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

cial Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back o

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7790

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 29 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 28th of January 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henry Hachmeister

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 51 *Years,* *Months,* 16 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Piano Maker

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 23 years

Place of Death, {Give street and number.} 43 S. Arlington Ave.

Cause of Death, First (Primary,) Pulmonary Consumption.

Second (Immediate,) Strangulation

Duration of Last Sickness, 5 Months

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery,

Date of Burial, January 31st

P. V. Benson M. D.
Medical Attendant.

Undertaker, G. B. Cook.

Place of Business, 703 Fish Baltimore St. *Address* 187 Hollins St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 7791

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 29 1876 BALTIMORE

Date of Death, Jan 28th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Hostel

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ____ *Years,* ____ *Months,* 2 weeks & 3 *Days.*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the wor is not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore since birth

Duration of Residence in the City of Baltimore.

Place of Death, {Give street and number.} 393 S. Front St

Cause of Death, {First (Primary,) Spasms

Second (Immediate,) ____

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician

Place of Burial, St. Paul's Cemetery

Date of Burial, 29th 1876 Upon [illegible] James L. [illegible] *M. D.*

Medical Attendant.

Undertaker, Wm Snyder

Place of Business, 1262 Canton Av. *Address* [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 7792

The Physician who attended any person in n last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 29 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jany 28 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lucie Virginia Bayly

Sex, ~~Male~~ *Female,* {Cross out the word not required in this line.}

Age, ... *Years,* 9 *Months,* ..... *Days.*

Color, Col

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.} No 91 North Balt

Duration of Residence in the City of Baltimore, 9 months

Place of Death, {Give street and number.} No 91 North st Balt

Cause of Death, {First (Primary,) Consumption
Second (Immediate,) 4 months

Duration of Last Sickness, ...

All the above information should be furnished by the Physician

Place of Burial, Laurel Cemetery

Date of Burial, Jan 29 1876

Undertaker, William Strong

Place of Business, No 104 East Fay

J H Pattison M. D.
Medical Attendant

Address 23 Franklin Balt

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7793

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 29 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jany 27. 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jennie Williams

Sex, Male ~~or~~ Female, {Cross out the word not required in this line.}

Age, 3 *Years,* *Months,* *Days.*

Color, Mulatto *Sex,* Female

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Phila

Duration of Residence in the City of Baltimore, 10 months

Place of Death, {Give street and number.} 211 Hamburg St

Cause of Death, {First (Primary,) Dropsy
Second (Immediate,)

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Jan 29 76

{*Undertaker,* W M Thorn
Place of Business, 148 S Howard St *Address* 59 N. Charles St

A A Atkinson *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7794

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 29 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 27.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Martha Ennis

Sex, ~~Male~~ *Female,* {Cross out the word not required in this line.}

Age, 18. *Years,* 1. *Months,* — *Days.*

Color, Black *Sex,*

Married, ~~Single, Widow, Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 18 months

Place of Death, {Give street and number.} 81. Ledenhall St.

Cause of Death, { First (Primary,) —
Second (Immediate,) Phthisis

Duration of Last Sickness, 8 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery Theodore Bosta M. D.
Medical Attendant.

Date of Burial, Jan 31 1876

Undertaker, W H Chase *Address* 146. Hanover st

Place of Business, No 198 Howard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on Back.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7795

The Physician who attended any person in a last Illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 29 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Friday January 28th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Cora Johnson

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, ____ *Years,* Eleven *Months,* ____ *Days.*

Color, Colored *Sex,* ____

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ____

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, ____

Place of Death, {Give street and number.} 79 Baker st

Cause of Death, {First (Primary,) Acute Bronchitis; Second (Immediate.) ____

Duration of Last Sickness, Ten weeks

All the above information should be furnished by the Physician.

Place of Burial, Druid Hill Cem.

Date of Burial, 29

Undertaker, [illegible]

Place of Business, [illegible]

Julius Hall M. D.
Medical Attendant.

Address Southern Dispensary

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT JAN 1876 BALTIMORE

Permit No. 7796

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 20 1876 BALTIMORE

Date of Death, Jan. 29th 76

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Katie Kelly

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 4 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 5 McCulloh's Court

Cause of Death, First (Primary,) Scarlet Fever

Second (Immediate,)

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cem

Date of Burial, Jan 30-1876

Jno. Brooke Boyle M. D.
Medical Attendant.

Undertaker, John S Rodriguez

Place of Business, N E Cor Summer and Monument St

Address 174 E. Eager St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7797

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 30 1876 BALTIMORE

Date of Death, Jan. 28/

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary H. Winder

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Sixty Six *Years,* *Months,* Ninety three *Days.*

Color, White *Sex,* Female

Married, ~~Single, Widow or Widower~~; {Cross out the words not required in this line.} Married

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} N 349 N Eutaw St

Cause of Death, {First (Primary,) Cold
Second (Immediate,) Congestion of Lungs

Duration of Last Sickness, Seven days

All the above information should be furnished by the Physician.

Place of Burial, Green Mt. Cemetery

Date of Burial, 31st Jany 1876

Undertaker, H. J. N. Jenkins & Son

Place of Business, 16 Light St. *Address*

Dr. H. Notary *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

1

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7798.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 30 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 29th of Jan 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Maria Francisca Leopoldina Fuchs

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 0 *Years,* 1 *Months,* 19 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Lanville N. near Belair Road

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Lanville N. near Blair Road

Cause of Death, {First (Primary,) Debility

Second (Immediate,) as long as the first

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, January 31st 1876

Undertaker, Charles F. Herold

Place of Business, 16 16th Street

Dr W Heldmann M. D.
Medical Attendant.

Address 120 East N Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Y ▲ F I L M ■

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7799

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 30 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jany 29th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George Joseph Kelly

~~*Sex,*~~ *Male* ~~*or Female,*~~ {Cross out the word not required in this line.}

Age, 3 years 11 mos *Years,* *Months,* *Days.*

Color, White *Sex,* Male.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 180 Constitution near Eager

Cause of Death, First (Primary,) Scarlet Fever

Second (Immediate.)

Duration of Last Sickness, Eleven days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, Jan 30 1876

Undertaker, James P Byrne

Place of Business, No 63 N Front St *Address*

Wm Whitridge M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

A K S A F E T

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7800

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 30 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 30th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Harriet A Lynch

Sex, ~~Male~~ *Female,* {Cross out the word not required in this line.} Female

Age, 27 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} married

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Philadelphia

Duration of Residence in the City of Baltimore, 2 years 7 months

Place of Death, {Give street and number.} 634 West Lombard St

Cause of Death, First (Primary,) Parturition

Second (Immediate,) Puerperal Convulsions

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Philad.

Date of Burial, Jan. 31st 1876

Jas. Lloyd Martin M. D.
Medical Attendant.

Undertaker, Jno. F. Tennant

Place of Business, 31 Park Av. *Address* 38 Monument Vernon Place

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

K O D A

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS,

HEALTH DEPARTMENT JAN 31 1916 BALTIMORE.

Permit No. 7841.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 1915 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 24th 1916

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Enock Jones

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years,* 1 *Months,* ... *Days.*

Color, Col *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} No 233 S. Eutaw St

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 235 S. Eutaw St

Cause of Death, First (Primary,) Diphtheria

Second (Immediate,) Four Days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Lawn Cemetery

Date of Burial, January 30th 1916

Undertaker, John B. Williams

Place of Business, 107 Lee St

J Shultz M. D.
Medical Attendant.

Address No 210 S. Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7812

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTERED DEC JAN 30 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan 29th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Magdalene Pugh

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 75 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. Md.

Duration of Residence in the City of Baltimore, 75 Years

Place of Death, {Give street and number.} No 208 W. Biddle St

Cause of Death, First (Primary,) Congestion of one lung

Second (Immediate,) old age & consumption

Duration of Last Sickness, 40 days

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, Jan. 31st 1876

Elias C. Price M. D.
Medical Attendant.

Undertaker, Jacob Weaver

Place of Business, No 486 Druid Hill Avenue *Address* 262 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on PAGE [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

HEALTH DEPARTMENT JAN 31 1876 BALTIMORE

Permit No. 7803

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 1876 BALTIMORE

Date of Death, Jan 29 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles Franz

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 53 *Years,* — *Months,* — *Days.*

Color, white

Married, ~~Single, Widow or Widower.~~ {Cross out the word is not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany — 25 Years

Duration of Residence in the City of Baltimore, 25 Years

Place of Death, {Give street and number.} 39 Hampstead St

Cause of Death, {First (Primary,) — {Second (Immediate,) Consumption

Duration of Last Sickness, 2 Years

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Jan 31 1876

Undertaker, Nich Miller

Place of Business, 86 N. Pace St

James A Steuart M. D.
~~Medical Attendant.~~

Address Commiss of Health
& Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Informationby Nicholas Miller Undertaker & friend

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT JAN 31 1876 BALTIMORE.

Permit No. 7804.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 30th 76

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Amelia Frisbie

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 33 — *Years,* 2 *Months,* 2 5 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, ——

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 299 Light St

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate,)

Duration of Last Sickness, 2 years —

All the above Information should be furnished by the Physician.

Place of Burial, Balto. County.

Date of Burial, Feb'y 2d 1876.

H. H. Powell — M. D.
Medical Attendant.

Undertaker, H. H. Perkins & Son

Place of Business, 16 Light Address. 87 Franklin St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of PENALTIES on BACK

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT JAN 31 1876 BALTIMORE

Permit No. 7805

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 31 1876 BALTIMORE

Date of Death, Jan 29th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Julius Sachs

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 8 *Years,* 4 *Months,* — *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number.} 66 S Eutaw St

Cause of Death, First (Primary,) Scarlet Fever

Second (Immediate,)

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician

Place of Burial, Ohb Shalom Cemetery

Date of Burial, January 31st 1876

Undertaker, Wm Eilau

Place of Business, 101 Gough St

J. H. Emmey M. D.
Medical Attendant.

Address 76 S Paca St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT JAN 31 1876 BALTIMORE

Permit No. 7806

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 29th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Florence Eva Mayfield

Male or Female, {Cross out the word not required in this line.} Female

3 *Years,* 1 *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widowed or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 76 N Eutaw St

Cause of Death, First (Primary,) Scarlet Fever

Second (Immediate,) Exanstion

Duration of Last Sickness, Two weeks.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Jan 31st 1876

Undertaker, R. H. Bliggard

Place of Business, Etting St

John B Pennington M. D.
Medical Attendant.

Address 210 Franklin st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

No. ____

Board of Health, City of Baltimore,

Permit No. 7807

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT JAN 31 1876 BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jany 30. 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Vincents

Sex, Male or Female, {Cross out the word not required in this line,} Male

Age, Years, ____ Months, ½ Days.

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ____

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Foundling

Duration of Residence in the City of Baltimore, 2 mo 1d

Place of Death, {Give street and number.} St Vincents Infant Asylum

Cause of Death, First (Primary.) Atrophy

Second (Immediate,) Hydrocephaloid convulsions

Duration of Last Sickness, 2 hours

All the above information should be furnished by the Physician

Place of Burial, Cathedral Cemetery

Date of Burial, Jany 31. 1876

Medical Attendant, Mabury Brewer M. D.

Undertaker, Sisters of

Place of Business, Institution Address 201 W Biddle St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 1

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7808

JAN 31

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan 29 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Philip Hilgen

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 36 *Years,* 10 *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ~~Married~~ Not married

Occupation, Labourer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 11 Years.

Place of Death, {Give street and number.} 260 Alice Ann

Cause of Death, First (Primary,) Consumption.

Second (Immediate,) ~~2~~ c

Duration of Last Sickness, 2 Years

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, 31 Jan'y.

Undertaker, Wm. Nicolaus

Place of Business, 258 Alice Ann.

Thos. H. Arnold M. D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT JAN 31 1876 BALTIMORE

Permit No. 7809

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT 918 BALTIMORE

Date of Death, January 29th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ettenhem Jackson

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 66 months *Years,* *Months,* *Days.*

Color, Col *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Farmer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland A. A. Co. Md

Duration of Residence in the City of Baltimore, 11 Months

Place of Death, {Give street and number.} 164 Patapsco St

Cause of Death, First (Primary,) Consumption

Second (Immediate,) Typhoid

Duration of Last Sickness, 13 days

All the above information should be furnished by the Physician.

Place of Burial, Anarandal Co Md

Date of Burial, Jany 31st 1876

A. McCollum M. D.
Medical Attendant.

Undertaker, Wm F Frey

Place of Business, 63 Mulberry St *Address* 166 W. Pacca St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT JAN 31 1876 BALTIMORE

Permit No. 7870

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 31 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 31st 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lew Harden

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ~~Years,~~ ~~Months,~~ 10 hours ~~Days.~~

Color, White

~~*Married, Single, Widow or Widower*~~, {Cross out the words not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 142 Ridgely st

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 142 Ridgely st

Cause of Death, {First (Primary,) Second (Immediate,)} Insanitis

Duration of Last Sickness,

All the above information should be furnished by the Physician

Place of Burial, St Vincent Cemetery

Date of Burial, Jan 31 1876

Undertaker, James P Byrne

Place of Business, No 63 N Front st

Geo. H. Benson M. D.
Medical Attendant.

Address 144 Hanover st
City

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT JAN 31 1876 BALTIMORE

Permit No. 7811

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 30 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 29th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Edmund N. Fitzgerald

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, *Years,* Six *Months,* Five *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} No. 99 N. Amm St.

Cause of Death, First (Primary,) Pneumonia

Second (Immediate,)

Duration of Last Sickness, Five Days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery *Jno H. Henderson* *M. D.*

Date of Burial, Jan 31st 76 Medical Attendant.

Undertaker, Conroy

Place of Business, 54 N Broadway *Address* No. 93 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 7

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT JAN 31 1876 BALTIMORE

Permit No. 7812

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 31 1876 BALTIMORE

Date of Death, January 30th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lizzie A. Raymond

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 27 *Years,* *Months,* *Days.*

Color, White *Sex,*

~~*Married,*~~ *Single,* ~~*Widow or Widower.*~~ {Cross out the words not required in this line.}

Occupation, Teacher

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 55 Courtland St

Cause of Death, {First (Primary,) Hypertrophy of Heart, Valvular disease

Second (Immediate,) Anasarca, Hydrothorax & ascites.

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemetery

Date of Burial, February 2nd 1876

Thomas Skemer M. D.
Medical Attendant.

{*Undertaker,* John H. Weaver

Place of Business, #22 W. Fayette St

Address 97 E. Lanvale St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

HEALTH DEPARTMENT JAN 31 1876 BALTIMORE

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7813,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 31 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 29th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Christina Bird

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.} Female

Age, 61 *Years,* *Months,* *Days.*

Color, white *Sex,* Female

~~Married, Single~~, Widow or ~~Widower~~, {Cross out the words not required in this line.} Widow

Occupation, Lived with Son

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Hamburg Germ in U. States 5 Months

Duration of Residence in the City of Baltimore, 5 Months

Place of Death, {Give street and number.} Corner of Monument & Durham Sts

Cause of Death, First (Primary,) Cancer of Uterus

Second (Immediate,) Asthenia

Duration of Last Sickness, 6 years

All the above information should be furnished by the Physician.

Place of Burial, Old Carroll Cemetery (Greenmount)

Date of Burial, 31st of January 1876

M. D.
Medical Attendant.

Undertaker, Henry Snider

Place of Business, 562 Canton Av

Address 47 Edmondson Av

Steward of Room 34

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

No. 6

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT JAN 31 1876 BALTIMORE

Permit No. 7814

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 30 1876 BALTIMORE

Date of Death, January 30th 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Willard F. Fuchs.

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 6 *Years,* 1 *Months,* 10 *Days.*

Color, White. *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} * 430 West Lanvale St.

Cause of Death, {First (Primary,) Scarlatina.
Second (Immediate,) Dropsy.

Duration of Last Sickness, About 3 weeks.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, February 1st

{*Undertaker,* Wm Fry
Place of Business, 54. E. Broadway

Address 845 N. Baltimore St.

L. H. White M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 7

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

HEALTH DEPARTMENT JAN 31 1876 BALTIMORE

Permit No. 7815 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jany 31st

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents } John Bauer

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 64 *Years,* *Months,* *Days.*

Color, White, *Sex,* Male

Married, ~~Single, Widow or Widower~~, { Cross out the words not required in this line. }

Occupation, Shoemaker

Birthplace, { State or country (and how long in the United States, if of foreign birth). } Germany

Duration of Residence in the City of Baltimore, 2 3/4 yrs

Place of Death, { Give street and number. } 95 N. Calvert St

Cause of Death, { First (Primary,) / Second (Immediate,) } Cardiac Dropsy

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, February 1876

Geo. B. Reynolds M. D.
Medical Attendant.

Undertaker, Henry Lovell

Place of Business, 30 Central Ave *Address* 34 N. Calvert

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

7616

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT JAN 31 1876 BALTIMORE.

Permit No. 7816

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 31 1876 BALTIMORE.

Date of Death, January 30th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary E Brisbe

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 74 *Years,* *Months,* *Days.*

Color, white *Sex,* female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 24 years

Place of Death, {Give street and number.} 29 32 E. Sager st

Cause of Death, First (Primary,) Chronic Bronchitis

Second (Immediate,) Exhaustion

Duration of Last Sickness, 4 years

All the above information should be furnished by the Physician.

Place of Burial, Hollins Cem. L. Ullmann M. D.

Date of Burial, Feb 1, 1876 Medical Attendant.

Undertaker, Henry Hooff

Place of Business, Holland & Co Address 256 W Pratt St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT JAN 31 1876 BALTIMORE

Permit No. 7817

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 31 1876 BALTIMORE

Date of Death, January 30th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Barbara Maria Finch

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 2 *Years,* 7 *Months,* 17 *Days.*

Color, white *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, since born

Place of Death, {Give street and number.} 60 Shortt

Cause of Death, First (Primary,) Pseudomembranous Croup

Second (Immediate,)

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physicians.

Place of Burial, St Thomas Cem Pius J. Dausch *M. D.*

Date of Burial, Feby 1 1876 Medical Attendant.

Undertaker, Henry Hook *Address* 27 N. Broadway

Place of Business, 30 Central Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT JAN 31 1876 BALTIMORE

Permit No. 7818

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 31 1876 BALTIMORE

Date of Death, January 30 1876

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents } Hermann Andreas Emil, Adler

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, Four *Years,* Five *Months,* *Days.*

Color, White, *Sex,* Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore Md.

Duration of Residence in the City of Baltimore, Life time

Place of Death, { Give street and number. } N.B. Corner George & Fremont Sts.

Cause of Death, { First (Primary,) / Second (Immediate.) Enlargement of Throat

Duration of Last Sickness, Four days

All the above information should be furnished by the Physician.

Place of Burial, London Park Cemetery

Date of Burial, Jan. 31st 1876

Undertaker, Adam Weidemeyer

Place of Business, 518½ W. Baltimore St.

E. C. Corn M. D.
Medical Attendant.

Address 226 Fulton Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. [illegible]

Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

HEALTH DEPARTMENT JAN 31 1876 BALTIMORE

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7819

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 2 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jany 31st 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Frankie Xavier Ward

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 4 *Years,* 5 *Months,* 12 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt. City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 95 S. Spring st

Cause of Death, First (Primary,) Scarlet Fever

Second (Immediate,)

Duration of Last Sickness, four days

All the above information should be furnished by the Physician.

Place of Burial, St Patricks Cemetery

Date of Burial, Jany 31st 1876

Wm F. Cummings M. D.
Medical Attendant.

Undertaker, Jas P. Byrne

Place of Business, Front St *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT JAN 31 1876 TROY

Permit No. 7820

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan'y 29th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Eliza Johnson

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 75 *Years,* — *Months,* — *Days.*

Color, Colored *Sex,* F

Married, Single, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Housekeeping

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Dinwiddie Va

Duration of Residence in the City of Baltimore, over 50 years

Place of Death, {Give street and number.} No 185 Lombard St

Cause of Death, First (Primary,) Exhaustion (Heart Disease)

Second (Immediate,)

Duration of Last Sickness, about 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, January 31st 1876

Undertaker, Williams & Lange

Place of Business, No 104 East St.

Address No 121 E Baltimore St

J Polyzoides M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No.

SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT JAN 31 1876 BALTIMORE.

Permit No. 7821

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 31 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 31th January 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George Falk

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 5 *Years,* 2 *Months,* 14 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth)} Baltimore City,

Duration of Residence in the City of Baltimore, During lifetime,

Place of Death, {Give street and number.} S. Durham Street - No 110

Cause of Death, {First (Primary,) Scarlatina

{Second (Immediate,) Meningitis acuta

Duration of Last Sickness, 2 Days

All the above information should be furnished by the Physician

Place of Burial, Baltimore Cemetery

Date of Burial, 1. February 1876

Undertaker, J. C. Schuh.

Place of Business, 265 Aliceanna Address S. Wolfe St. 117.

Williams Henry C. M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

HEALTH DEPARTMENT JAN 31 1876 BALTIMORE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7825

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 31 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan. 30 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Solomon Heath

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 2 *Years,* 2 *Months,* *Days.*

Color, Brown *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number.} 202 Hamburg St.

Cause of Death, {First (Primary,) Tubercular Meningitis
Second (Immediate,)

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Jan 31st. 76

R. M. Hall M. D.
Medical Attendant.

{*Undertaker,* John D. Williams *Address* 266 S. Sharp St.
{*Place of Business,* 117 Lee st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

No. [illegible]

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT JAN 31 1876 BALTIMORE.

Permit No. 7823.

The Physician who attended any person in a last Illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 1876 BALTIMORE.

Date of Death, Jan 31 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ellen Matthews

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 72 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} U. S.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 109 York

Cause of Death, First (Primary,) Bronchitis Croup

Second (Immediate,)

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, ~~June~~ Feb 2. 76

Undertaker, John B. Williams

Place of Business, 107 Lee St

I Henry Stell M. D.
Medical Attendant.

Address 91 Fayette

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

D.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT JAN 31 1936 BALTIMORE

Permit No. 7824

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 30th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Howard J Wakeland

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 1 *Years,* 1 *Months,* 10 *Days.*

Color, white *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 384 Harford Ave

Cause of Death, First (Primary,) Tuberculosis

Second (Immediate,)

Duration of Last Sickness, 4 mnts

All the above information should be furnished by the Physician.

Place of Burial, Harford Comd

Date of Burial, Jan 31/1876

O S Maher *M. D.*
Medical Attendant.

Undertaker, J D Lancaster

Place of Business, No 386 Harford Ave Address
Fonnally & Pratt St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

(Transit 333)

ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7825

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 1 1876 BALTIMORE

Date of Death, Jan 31st 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ellen Lambdin

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, *Years,* *Months,* 14 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt. Md.

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and number} 360 N. Wolf St.

Cause of Death, {First (Primary,) Bronchitis & catarrh. Second (Immediate,) Asphyxia

Duration of Last Sickness, Since birth.

All the above information should be furnished by the Physician

Place of Burial, St Patricks

Date of Burial, Feby 1st

Undertaker, H. H. Gitinger

Place of Business, 341 Canton Ave

L. Granville Lark M. D.
Medical Attendant.

Address Balt Md.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children

[OVER.]

No. 1

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7826

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 1 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 30th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Eliza Lubb

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 63 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, Unknown

Place of Death, {Give street and number.} Patapsco Wharf Canton

Cause of Death, First (Primary,) Pneumonia

Second (Immediate,)

Duration of Last Sickness, one months

All the above information should be furnished by the Physician.

Place of Burial, Mt. E. Cemetery P. Rd

Date of Burial, Feb 1st 1876

J. H. Hunter M. D.
Medical Attendant.

Undertaker, Ed Lubb's Husband

Address

Place of Business,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 4[illegible]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 78270

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 1 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan. 31st 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Louis Edgar Schimer

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 36 *Years,* 11 *Months,* 24 *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Tailor

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Hanover (Germany)

Duration of Residence in the City of Baltimore, 7 years

Place of Death, {Give street and number.} 92 Granby St.

Cause of Death, First (Primary,) Phthisis pulmonaris

Second (Immediate,)

Duration of Last Sickness, Been fully confined to his bed

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery Wellbers M. D.

Date of Burial, Feb 2. 76 Medical Attendant.

Undertaker, Peter Frey

Place of Business, 91 E. Fayette St. *Address* 95 S. Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 1500

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7828

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 1 1875 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 31st Jan. 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Harry Lyons

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ____ *Years,* 3 *Months,* 5 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 20 Forest St Balt.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 411 Sharp St.

Cause of Death, First (Primary,) There was defection Diarrhoea which

Second (Immediate,) was followed by Anaemia & general dropsy.

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery John Abbott *M. D.*

Date of Burial, Feb 1st Medical Attendant.

Undertaker, Wm. M. Leonard *Address* 774 Hollins St.

Place of Business, 782 W. Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

Permit No. 7829

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 1 1876 BALTIMORE.

Date of Death, Jan. 30th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named give names of parents.} Alice B Otts

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, *Years,* 2 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 41-2 Cross St,

Cause of Death, {First (Primary,) Inanition

{Second (Immediate,) one mo

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, Febr 1st 1876

Undertaker, Julius Koehler

Place of Business, cor Sharp & Cross

R. H. Dodge M. D.
Medical Attendant

Address 202

Extract from Regulations of the ... Vi...

SECTION 3. And be it further ena... Physician who attended durin... hours after the death to... same can be ascertain... date of death, ex...

No. 7530

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7830

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 1 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 30th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henry Adlaeus Stahl

Sex, Male or Female, {Cross out the word not required in this line.} .....

Age, 66 *Years,* 9 *Months,* 8 *Days.*

Color, White *Sex,* .....

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Wirtemberg Germany

Duration of Residence in the City of Baltimore, 20 years

Place of Death, {Give street and number.} 34 Albert Alley

Cause of Death, First (Primary,) Peritonitis

Second (Immediate,) .....

Duration of Last Sickness, 17 Months

All the above information should be furnished by the Physician.

Place of Burial, West Lane Cem. C. A. Buddenbaum M. D.

Date of Burial, Febr. 1st 1876 Medical Attendant.

Undertaker, Julius Koehler

Place of Business, 20 Shaefer Cross St. Address 110 McElderry Alley

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 7831

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 1 1976 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan. 31st 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary B. Johnson

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.} F

Age, 1 *Years,* *Months,* *Days.*

Color, Colored *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 1 year

Place of Death, {Give street and number.} Clover Alley

Cause of Death, {First (Primary,) Dentition

Second (Immediate,)

Duration of Last Sickness, 3 weeks

All the above Information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, February 1. 1876

Undertaker, John C Gordon

Place of Business, 63 Park Ave

J. E. Lindsay *M. D.*
Medical Attendant.

Address 204 N. Howard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 7832

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7832

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 1 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jany 31st 76

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Johnia Hamburger,

Sex, ~~Male or~~ *Female,* { Cross out the word not required in this line. }

Age, 9 *Years,* *Months,* *Days.*

Color, White *Sex,*

~~Married, Single~~, *Widow* ~~or Widower~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 3 Years.

Place of Death, { Give street and number. } 73 E. East St

Cause of Death, { First (Primary,) Enter Methods Fever, Second (Immediate,) Organic Disease of Heart,

Duration of Last Sickness, 21 days

All the above information should be furnished by the Physician.

Place of Burial, February 2nd 1876 Jno. L. A. Bozzi M. D.

Date of Burial, Lloyd St Hebrew Cem'ty " Medical Attendant.

{ *Undertaker,* John H. Weaver

{ *Place of Business,* # 22 W. Fayette St Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

AL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

Permit No. 7833. OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 1 1876 BALTIMORE

Date of Death, Jan 31 1876

Full Name of Deceased, {Write legibly and spell correctly. If no infant not named, give names of parents.} Charles & Jeannie Waters (Parents)

Sex, Male ~~or Female~~, {Cross out the word not required in this line,}

Age, ____ *Years,* ____ *Months,* 1 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ____

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 128 S. Bond St

Cause of Death, First (Primary.) Cold & Catarrh in head

Second (Immediate,) Convulsions

Duration of Last Sickness, ____

All the above information should be furnished by the Physician.

Place of Burial, Schwartz B Gd

Date of Burial, Feb 1 1876

Undertaker, Wendel Dippel

Place of Business, S. Bond St

James L Kerr M. D.
~~Medical Attendant~~

Address Commiss of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Charles Waters father

[OVER.]

No. 7311

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7884

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 1 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 31. 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} George Christopher Deitely

Sex, Male or ~~Female~~, {Cross on the word not required in this line.}

Age, 15 *Years,* 7 *Months,* — *Days.*

Color, White *Sex,* Male

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland, Lifetime

Duration of Residence in the City of Baltimore, 336 Orleans St,

Place of Death, {Give street and number.} Observation,

Cause of Death, First (Primary,) Heart disease,

Second (Immediate,) 2 hours.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Druid Hill Park

Date of Burial, February 2nd 1876

Undertaker, [illegible]

Place of Business, 54 h Broadway

S. H. Hoack M. D.
Medical Attendant.

Address 95 E. Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

SAFETY FILM

No. [illegible]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7835

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 1 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 1,

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Katie G. Flynn

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 3 *Years,* 6 *Months,* — *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 115 Peach alley

Cause of Death, First (Primary,) [illegible]

Second (Immediate,) Diptheria

Duration of Last Sickness, 24 hours

All the above information should be furnished by the Physician.

Place of Burial, St. Patrick

Date of Burial, Feb. 2nd 1876

Undertaker, C. F. Krause

Place of Business, 209 Hanover

Theodore Bode M. D.
Medical Attendant.

Address 146 Hanover

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish thin forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate ing forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person ased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

KODAKS

No. 7836

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7836.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEPARTMENT FEB 1 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 31st 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mabel Hoffman

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, *Years,* 10 *Months,* 23 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 12. N. Mount St

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 12. N. Mt. St. Balto. Md.

Cause of Death, First (Primary,) Scarlet fever

Second (Immediate,) Bronchitis —

Duration of Last Sickness, Six days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, Feb 1st 1876

Undertaker, Hughes & Co

Place of Business, 530 Fayette St

W. R. McKeown M. D.
Medical Attendant.

Address 582. W. Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 7827

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 1 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, February 1st 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Father 3 Konrad Fisher 3

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ~~Years,~~ ~~Months,~~ 7 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto city

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} Preston Street

Cause of Death, First (Primary,) ; Second (Immediate,) Convulsions

Duration of Last Sickness, a few hours

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Ch

Date of Burial, Feb 3rd 1876

James A Steuart M. D.

Undertaker, Geo Saffrom

Place of Business, 121 Penn Ave

Address Commissioners of Health & Registration

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Information by Geo Saffrom Undertaker

No. 7838

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7838

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ~~accurately~~ *filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 1 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jany 31st 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Agnes Kelly

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, *Years,* 8 *Months,* 1/ *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and number.} Mc Akers Court

Cause of Death, First (Primary,) - -

Second (Immediate,) Scarlet Fever

Duration of Last Sickness, two days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemt

Date of Burial, Feb 2 - 1876

F. E. Shattuck M. D.
Medical Attendant.

Undertaker, John J. Rodenmayer

Place of Business, N E Cor Fremont Ave & Monument St

Address 114 Park

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 7839

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 1 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 1st

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Kelly

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 2 *Years,* 6 *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Mc Alers Court

Duration of Residence in the City of Baltimore, since Birth

Place of Death, {Give street and number.} Mc Alers Court

Cause of Death, {First (Primary,) — Scarlet Fever

Second (Immediate,) —

Duration of Last Sickness, — Five days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemt

Date of Burial, Feb 2 — 1876

Undertaker, John J Rodenmayer

Place of Business, N E Cor Lemmat- One & Monument Sts

J. E Chataud M. D.
Medical Attendant.

Address 114 Park St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

No. 7[illegible]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 78[illegible]40

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 2 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan. 30th 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Bertie A. Ayers

Sex, Male or Female, {Cross out the word not required in this line.} F

Age, 1 *Years,* *Months,* *Days.*

Color, C. *Sex,* F.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Monument & Forrest

Cause of Death, First (Primary,) Meningitis

Second (Immediate,) Convulsions

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, [illegible]

Date of Burial, [illegible]

Undertaker, [illegible]

Place of Business, [illegible]

H. J. Reynolds M. D.

Medical Attendant.

Address 186 Aisquith St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this C[illegible] No. [illegible]

Board of Health, City of Baltimore,

Permit No. 7841

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

[illegible] DEPARTMENT FEB 2 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feb 1st 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary E. Cooper

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 1 *Years,* 3 *Months,* ——— *Days.*

Color, Blk

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 135 Milligan St

Cause of Death, First (Primary,) Dentition. Artificial Nursing

Second (Immediate,) Marasmus

Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician

Place of Burial, St. Patricks Cemy

Date of Burial, Feb 2nd 1876

Undertaker, John W Foelker

Place of Business, Wolf St

James A Steuart M. D.

Address Commrs of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Josephine Rhoades Aunt of deceased

[OVER.]

No.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7842

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 2 1876 BALTIMORE

Date of Death, Feb 1st 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Virginia Brougher

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Years, Months, two Days.

Color, light brown *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 38 Josephine St

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 38 Josephine St

Cause of Death, First (Primary,)

Second (Immediate,) Intra cranial hemorrhage

Duration of Last Sickness, two days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feb 2nd 1876

W. P. Morgan M. D.
Medical Attendant.

Undertaker, S. W Chase

Place of Business, S. Eutaw St *Address* 135 Lombard St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 70

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this C

Board of Health, City of Baltimore,

Permit No. 7843

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 2 1876 BALTIMORE

Date of Death, February 1st 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Peter Thos Hamsler

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 15 *Years,* *Months,* *Days.*

Color, White *Sex,* male

~~Married~~, Single, ~~Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} No 24 West Fall Avenue

Cause of Death, First (Primary,) Punctured Wound

Second (Immediate,) Tetanus

Duration of Last Sickness, 3 Weeks

All the above information should be furnished by the Physician.

Place of Burial, St. Vincents Cemetery *Medical Attendant.* Geo. D. Reynolds M. D.

Date of Burial, February 3. 1876

Undertaker, James Byrne

Place of Business, 1. Front St *Address* 94 York Calvert

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. ____

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this C

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7844

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 5 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 31, 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Flora Gertrude Brown.

Sex, ~~Male~~ *Female,* {Cross out the word not required in this line.}

Age, 3 *Years,* 2 *Months,* 6 *Days.*

Color, Black. *Sex,* Female

~~*Married*~~, *Single,* ~~*Widowed, Widower*~~ {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, For life

Place of Death, {Give street and number.} 84 Moore's Alley.

Cause of Death, First (Primary,) Cerebro Spinal Meningitis

Second (Immediate,)

Duration of Last Sickness, 17 Hours.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery *Date of Burial,* Feby 2nd 1876

J. Sholiolle Townsend M. D.
Medical Attendant.

Undertaker, Wm S Gray *Address* 216 N. Howard St.

Place of Business, 63 Mulberry St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7845

The Physician who attended any person in his last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 2 1876 BALTIMORE.

Date of Death, Feb 2nd 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jacob Mitchell

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 6 *Years,* —— *Months,* —— *Days.*

Color, White

~~Married, Single, Widow or Widower~~, {Cross out the words not required in this line.}

~~Occupation~~,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 346 E. Eager or

Cause of Death, {First (Primary,) Scarlet Fever
Second (Immediate,)

Duration of Last Sickness, 5 day

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Feb 3rd 1876

Undertaker, Geo. Schilling

Place of Business, cor Risgwith & Monument st

Geo. N. Denson *M. D.*
Medical Attendant.

Address 1461 Hanover st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7846

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 2 1876 BALTIMORE

Date of Death, February 1st 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles Leon Chouppine

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 4 *Years,* 1 *Months,* 3 *Days.*

Color, white *Sex,* Male

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, since born

Place of Death, {Give street and number.} No 111 E. Eager

Cause of Death, First (Primary,) Second (Immediate,) Pseudo-membranous Croup

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, Feb 3 1876

Pierre G. Dausch M. D.
Medical Attendant.

Undertaker, C. F. Krause

Place of Business, 207 Hanover

Address 27 S. Broadway.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 70

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this C

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 78477

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 2 1926 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 1 1926

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Douglas Collins

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, *Years,* 1 *Months,* 7 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 160 W. Saratoga St.

Cause of Death, First (Primary,) Pneumonia

Second (Immediate,)

Duration of Last Sickness, Since Birth

All the above information should be furnished by the Physician.

Place of Burial, Bolton Cemetery

Date of Burial, 3 of February

Undertaker, P. Arnold

Place of Business, 15 S. Eutaw St

E. G. Wheeler M. D.
Medical Attendant.

Address 203 W. Saratoga St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this C

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7848

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 2 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jany 31st

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Wm Grain

Sex, Male or ~~Female,~~ { Cross out the word not required in this line. }

Age, 23 *Years,* *Months,* *Days.*

Color, Black *Sex,*

~~Married~~, Single, ~~Widow or Widower,~~ { Cross out the words not required in this line. }

Occupation, Seaman

Birthplace, { State or country (and how long in the United States, if of foreign birth. } —

Duration of Residence in the City of Baltimore, —

Place of Death, { Give street and number. } Infirmary Lombard & Green sts.

Cause of Death, { First (Primary,) Phthisis
Second (Immediate,) Asthenia

Duration of Last Sickness, Four weeks

All the above information should be furnished by the Physician.

Place of Burial, W. Potters Field

Date of Burial, Feb 2nd 1876

T. A Ashby M. D.
Medical Attendant.

{ *Undertaker,* M. H. C. Peny
Place of Business, Balt St. } *Address* Univ. Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CE

Board of Health, City of Baltimore,

Permit No. 7819

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 2 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 1st 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Parents { Isl. H. Howard / Mary Howard

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 11 *Days.*

Color, Col'd

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 121 Front St

Cause of Death, First (Primary,) ——— Second (Immediate,) Insanition

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician

Place of Burial, Laurel Cemetery

Date of Burial, February 2nd 1876

Undertaker, Jas H. Means

Place of Business, 45 Gay St.

Jamt Clemens M. D.
~~Medical attendant~~

Address Commissr of Health & Register

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Ursula T. Christian Midwife

[OVER.]

No. 77

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

Permit No. 7850

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Febry 1st 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John W. Wheeler

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 3 *Years,* 9 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} N. E. cor Eden & Ballo Sts

Cause of Death, {First (Primary,) — Croup. Second (Immediate,) chron. Croup.

Duration of Last Sickness, — Did not ow milk

All the above information should be furnished by the Physician

Place of Burial, Ballo Cemetery

Date of Burial, Feb 3rd 1876

Undertaker, M. Hall

Place of Business, E. Ballo St

L. A. Dohme M. D.
Medical Attendant.

Address 816 E. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Cert

Board of Health, City of Baltimore,

Permit No. 7857

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 2 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feby 2d 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Emma Skinner

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 21 *Days.*

Color, Black ~~*Sex,*~~

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ———

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Bruce St Nr 23

Duration of Residence in the City of Baltimore, ———

Place of Death, {Give street and number.}

Cause of Death, First (Primary,) Trismus Nascentium

Second (Immediate,) ———

Duration of Last Sickness, 2 weeks

All the above Information should be furnished by the Physician.

Place of Burial, St. Lawrence Cemetery

Date of Burial,

Undertaker, L. St. Cook

Place of Business, 707 N. Balt. St

H L Mallon M. D.
Medical Attendant.

Address 581 Lexington St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 1

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTI

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7852

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
FEB
1876
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb. 1. 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Francis

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, *Years,* 3. *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Foundling

Duration of Residence in the ~~City of Baltimore~~ Institution 3 hours

Place of Death, {Give street and number} St Vincents Infant Asylum.

Cause of Death, First (Primary,) Convulsions.

Second (Immediate,) Convulsions - When admitted

Duration of Last Sickness, 3 hours

All the above information should be furnished by the Physician

Place of Burial, Cathedral Cemetery

Date of Burial, Feb 3. 1876

Undertaker, Jas. Beeler

Place of Business, Infant Asylum

Marbury Brewer M. D.
Medical Attendant.

Address 201 W. Biddle St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No.

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this C

Board of Health, City of Baltimore,

Permit No. 7813

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 2 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb. 2nd. 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jennie

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ____ *Years,* ____ *Months,* 10 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Foundling

Duration of Residence in the ~~City of Baltimore.~~ Institution 3 days

Place of Death, {Give street and number.} St Vincents Infant Asylum,

Cause of Death, First (Primary.) Narcotism by opium when admitted

Second (Immediate,) convulsions

Duration of Last Sickness, in convulsions 1 hour

All the above information should be furnished by the Physician

Place of Burial, Cathedral Cemetery.

Date of Burial, Feb. 3. 1876.

Undertaker, Sam. Bowser

Place of Business, H. V. O. Asylum

Marbury Brewer M. D.

Medical Attendant.

Address 201 W. Biddle St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. .....

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7854

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 2 1876 BALTIMORE

Date of Death, February 2nd 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wilhelmina Koenigen

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 13 *Years,* ..... *Months,* ..... *Days.*

Color, ...

~~Married~~, Single, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 89 N. Gay Street

Cause of Death, {First (Primary,) Disease of Heart

{Second (Immediate,)

Duration of Last Sickness, 3 Years

All the above Information should be furnished by the Physician

Place of Burial, Balto Cemetery

Date of Burial, Feb 3rd 1876

Undertaker, Chas Kassing

Place of Business. 136 E Fayette St

Emma A Steuart M. D,
Medical Attendant.

Address .....

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back o

Board of Health, City of Baltimore,

Permit No. 7855

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last Illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 2 1876 BALTIMORE.

Date of Death, February 1st 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Emma I Miller

Sex, ~~Male or Female~~, {Cross out the word not required in this line.}

Age, 21 *Years,* 4 *Months,* 18 *Days.*

Color, White *Sex,* Female

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, All her life

Place of Death, {Give street and number.} 248 Hoffman St Balt.

Cause of Death, First (Primary,) Severe cold

Second (Immediate,) Pulmonary Consumption

Duration of Last Sickness, 12 months

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cem

Date of Burial, Feb 3rd 1876

W Hammond M. D.
Medical Attendant.

Undertaker, Chas. T. Scriven

Place of Business, 271 N. Eutaw st *Address* 53 N Paca St Balt

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No.

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7856

The Physician who attended any person in a last Illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 2 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feb 1st 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Judith Orend

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 76 *Years,* 11 *Months,* 26 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation, ——

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Lancaster Co. Virginia

Duration of Residence in the City of Baltimore, Thirty (30) Years

Place of Death, {Give street and number.} No. 23 S. Arm Street

Cause of Death, {First (Primary,) Senile Decay

{Second (Immediate,)

Duration of Last Sickness, Five (5) weeks

All the above information should be furnished by the Physician

Place of Burial, Greenmount Cemetery

Date of Burial, Feb 4th 1876

Undertaker, [illegible]

Place of Business, 54 N. Broadway

E. L. Tilden, *M. D.*
Medical Attendant.

Address 69 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No.

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7857

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 3 1876 BALTIMORE

Date of Death, February 2nd 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Andrew Myers

Sex, Male or ~~Female~~ {Cross out the word not required in this line.} Male

Age, ~~Years~~, — Six — Months, — — — Days.

Color, White

~~Married, Single, Widow or Widower~~, {Cross out the words not required in this line.}

~~Occupation~~,

Birthplace, {State or country (and how long in the United States, if of foreign birth} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} No 186 Canton ave

Cause of Death, First (Primary,) Whooping Cough

Second (Immediate,) Effusion in brain

Duration of Last Sickness, Eight Weeks

All the above information should be furnished by the Physician

Place of Burial, St. Michaels Cemetery

Date of Burial, Feburary 3rd 1876

Undertaker, Francis Cramer

Place of Business, 119 Canton Avenue

Thomas P. Evans M. D.
Medical Attendant.

Address No 18 Jackson Square

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7858

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 3 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 2nd 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Hannah Lentenbergen

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 21 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 188 West Sheet

Cause of Death, {First (Primary,) Cold

{Second (Immediate,) Catarrh ~~in Head~~

Duration of Last Sickness, one day

All the above information should be furnished by the Physician.

Place of Burial, H. Potters Field

Date of Burial, Feb 3rd 1876

Undertaker, U. H. C. Perry

Place of Business, W. Pratt St

James A Steuart M. D.

~~Undertaker~~

Address Comm'r of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Laura Lentenberger Mother

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of T...

Board of Health, City of Baltimore,

Permit No. 7859. OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 3 1876 BALTIMORE

Date of Death, Feb 12 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Benj: Bacon

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, Twenty *Years,* Four *Months,* *Days.*

Color, Black *Sex,* Male

Married, ~~Single~~, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt. County Md.

Duration of Residence in the City of Baltimore, Ten Years

Place of Death, {Give street and number.} 91 Low St

Cause of Death, {First (Primary,) Scrofula / Second (Immediate,)

Duration of Last Sickness, Two Years

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetay

Date of Burial, 2 Feb

S. Y Carpen M. D.
Medical Attendant.

{*Undertaker,* Jas H Davis
{*Place of Business,* No 12 Saratoga St *Address* 134 High St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

No.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7860

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 3 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 2nd 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Katherine O'connell

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 32 *Years,* — *Months,* *Days.*

Color, *Sex,* Fem

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Cork County Ireland

Duration of Residence in the City of Baltimore, 14 years,

Place of Death, {Give street and number.} 208 Cross St,

Cause of Death, First (Primary,) Phthisis Pulmonalis.
Second (Immediate,)

Duration of Last Sickness, 14 months

All the above information should be furnished by the Physician.

Place of Burial, Holy cross cemetery

Date of Burial, Feb 3rd 1876

R. J. N. Tall M. D.
Medical Attendant.

{*Undertaker,* James P Byrne
Place of Business, No 63 N Front St *Address* 158 S Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7861

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 3 1876 BALTIMORE

Date of Death, Feby 2nd '76

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Walter Wallace Ward

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 2 *Years,* Three *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and number.} 95 E. Springer

Cause of Death, First (Primary,) Scarlet Fever

Second (Immediate.)

Duration of Last Sickness, Seven days

All the above information should be furnished by the Physician.

Place of Burial, St Patrick's Cemetery

Date of Burial, Feb 3rd 1876

Undertaker, James O Byrne

Place of Business, N 63 N Front St

John F. Monmonier M. D.
Medical Attendant.

Address S. W. Cor Calvert & Read sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7862

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 3 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 2nd 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Joseph A. Rowe.

Sex, Male ~~or Female~~ {Cross out the word not required in this line.}

Age, Thirty nine *Years,* ——— *Months,* ——— *Days.*

Color, White *Sex,*

Married, ~~Single Widow or Widower~~ {Cross out the words not required in this line.}

Occupation, Printer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Waynesborough Franklin County Penna.

Duration of Residence in the City of Baltimore, Twenty two years.

Place of Death, {Give street and number.} No 79 North Liberty Street.

Cause of Death, {First (Primary,) Acute Peritonitis
Second (Immediate,) Exhaustion.

Duration of Last Sickness, Two days.

All the above information should be furnished by the Physician.

Place of Burial, Waynesborough P.A. Penn

Date of Burial, Febuary 3d 1876

Undertaker, Wm. H. Huckmart

Place of Business, 102 & 104 Gay St *Address* No 16 & Liberty Street

J. [illegible] ~ M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

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The Special attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this ...

Board of Health, City of Baltimore,

7863

Permit No. 7863

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
FEB 3 1876
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 2 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Edward O. Gibney

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* 7 *Months,* 11 *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 63 S. Oregon St

Cause of Death, { First (Primary) Scarlet fever
Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, Feb 3rd 1876

Undertaker, J. Keech

Place of Business, 1 N Pitt Baltimore Street

W. R. McKnew — M. D.
Medical Attendant.

Address 382 W Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is re[illegible] remarks below, and to List of Diseases on bac[illegible]

Board of [illegible], City of Baltimore,

Permit No. 7864

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 3 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feby 2nd 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sophia M Rose

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ~~Twenty~~ *Years,* [blank] *Months,* [blank] *Days.*

Color, White *Sex,* [blank]

~~*Married*~~, *Single*, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, not any

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, lifetime

Place of Death, {Give street and number.} 275 St Paul St

Cause of Death, {First (Primary,) [blank]; Second (Immediate,) Epileptic Convulsion}

Duration of Last Sickness, not known

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cemetery

Date of Burial, Feby 3rd 1876

Undertaker, Hughes & Co

Place of Business, 65 S Broadway *Address* 14 Cathedral St

F. J. Miles M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

THE SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7865

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 3 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 2nd 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George R Thomas

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ~~Years,~~ 1 *Months,* 19 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore. Life

Place of Death, {Give street and number.} 172 N. Central avenue Asylum Nursing

Cause of Death, {First (Primary,) Second (Immediate,)} Marasmus.

Duration of Last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Feb 3rd 1876

{*Undertaker,* Geo Schilling / *Place of Business,* Asquith St}

Daniel Steiner M. D.

~~Medical Attendant~~

Address Commrs of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by George Schilling Undertaker

[OVER.]

Special attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on

Board of Health, City of Baltimore,

Permit No. 7866

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 3 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feby 1st 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henry Oakes

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, — *Years,* 4 *Months,* 11 *Days.*

Color, W *Sex,* Male

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto city Md

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} No 266 N Bond

Cause of Death, {First (Primary,) Congestion of Brain

{Second (Immediate,)

Duration of Last Sickness, Abt 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Balto Md

Date of Burial, Feb 3d

{Undertaker, Wm Ho

{Place of Business, 74 S B

I Rodgers Andre M. D.
Medical Attendant.

Address No 124 E Balto st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7867

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 3 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 2nd 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Capt. Smith Carlow

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 32 *Years,* 4 *Months,* — *Days.*

Color, white *Sex,* male

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Mariner

Birthplace, {State or country (and how long in the United States, if of foreign birth.} New Brunswick B.A.

Duration of Residence in the City of Baltimore, 4 years

Place of Death, {Give street and number.} 82 S. Bond st

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate,) Hemorrhage

Duration of Last Sickness, 1 year

All the above information should be furnished by the Physician.

Place of Burial, Greenmt. Cemetery

Date of Burial,

Undertaker, M. A. Daigis

Place of Business, 74 S. Broadway

H. C. Bennynger M. D.
Medical Attendant.

Address N.E. Cor Broadway & Pratt

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on bac

Board of Health, City of Baltimore,

Permit No. 7868

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 3 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jany 31 1876

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } James B Taylor

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, ~~Years~~, 35 Years ~~Months~~, *Days.*

Color, White *Sex,*

Married, ~~Single, Widow or Widower~~, { Cross out the words not required in this line. }

Occupation, Mariner

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Londonderry Ireland

Duration of Residence in the City of Baltimore, 28 Years

Place of Death, { Give street and number. } 263 Canton Ave. Balto. Md,

Cause of Death, { First (Primary,) Chronic Diarrhoea
Second (Immediate,) Enteritis

Duration of Last Sickness, 2 Years

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, 3 Feby 3/1876

Undertaker, M. A. Daiger

Place of Business, 74 S. Broadway *Address*

E J Way M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7869

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 3 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 31 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George A Farquhar

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 70 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widower

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Frederick C Md

Duration of Residence in the City of Baltimore, 31 Years

Place of Death, {Give street and number.} No 28 Myrtle Avenue

Cause of Death, First (Primary,) Paralysis

Second (Immediate,)

Duration of Last Sickness, 5 Years

All the above information should be furnished by the Physician.

Place of Burial, Loudoun Park Cem

Date of Burial, Feby. 4th 1876

{*Undertaker,* M. A. Daigle

{*Place of Business,* 74 S Bway

T. T. Knight M. D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, It shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

T Y ▲ F I L M

The Special attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on Back of this

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7870

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 2 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 2nd 1876

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Annie Eagleston

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, Years, 23 Months, Days.

Color, White *Sex,* Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore Md

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } Corner Bleecker & Castle Sts

Cause of Death, { First (Primary,) Inflammation of Brain

Second (Immediate,) Exhaustion from Disease

Duration of Last Sickness, About 2 Months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, February 3rd 1876

{ *Undertaker,* Hughes & Co

{ *Place of Business,* 65 S Broadway

A. McAllister, M. D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

D A K S A F E

The special attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this

Board of Health, City of Baltimore,

Permit No. 7871

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 3 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feby 1. 1876

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Bruce Anderson

~~*Sex, Male or Female,*~~ { Cross out the word not required in this line. }

Age, ——— *Years,* 3 *Months,* ——— *Days.*

Color, Blk *Sex,* Female

~~*Married,* *Single,* *Widow or Widow.*~~ { Cross out the words not required in this line. }

Occupation, ———

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, 3 mos

Place of Death, { Give street and number. } 265 Ralph st

Cause of Death, { First (Primary,) Debility

{ Second (Immediate,) ———

Duration of Last Sickness, 3 mos

All the above information should be furnished by the Physician.

Place of Burial, Laurel cemetery *Ad Eastman* *M. D.*

Date of Burial, Feb 4th 1876 Medical Attendant.

Undertaker, J B Cook *Address* 249 Lee

Place of Business, No 707 N. Baltimore street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish him forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate ing forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person sed, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

K O D

Special attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7872

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 3 1876 BALTIMORE

Date of Death, Feb 2d 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elmira C Depew

~~Male or~~ *Female,* {Cross out the word not required in this line.} Female

Age, About 48 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

~~Married, Single~~, *Widow* ~~or Widower~~, {Cross out the words not required in this line.} Widow

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Pelhskill New York

Duration of Residence in the City of Baltimore, About 12 years

Place of Death, {Give street and number.} 512 W Balto st

Cause of Death, First (Primary,) Gastro Enteritis resulting in

Second (Immediate,) Typhoid

Duration of Last Sickness, Five weeks

All the above information should be furnished by the Physician.

Place of Burial, Pickskill New York

Date of Burial, February 4th 1876

Undertaker, Jacob F Weaver

Place of Business, No 484 Druid Hill Ave Address

E Goverlock M. D.
Medical Attendant.
H M Wilson M.D. County Physician
512 W Balto st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

(Transit 335)

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this Cert...

Board of Health, City of Baltimore,

Permit No. 7873.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 3 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 2nd 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Agnes Meisen

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ——— *Years,* 4 *Months,* 22 *Days.*

Color, Blk

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore. Life

Place of Death, {Give street and number.} 5 Plowman st

Cause of Death, {First (Primary,) ——— Second (Immediate,) Marasmus

Duration of Last Sickness, 1 months

All the above information should be furnished by the Physician

Place of Burial, E. Potters Field

Date of Burial, Feb 3rd 1876

Undertaker, M. Donovan

Place of Business, S. Cutral ave

James Steuart M. D.

Address Commiss of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Informationsly Laura Miller Mother

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certi...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7874

The Physician who attended any person in a last Illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 3 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feby 2nd 1876 — 12, 10 P.M.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Harriet Grimes

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, over 70 *Years,* — *Months,* — *Days.*

Color, Colored *Sex,* Female

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Unknown over 70 years,

Place of Death, {Give street and number.} 55 Granby St

Cause of Death, First (Primary,) "Old Age," Dropsy," Protopsus Uteri Chronic

Second (Immediate,)

Duration of Last Sickness, Some years

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, February 4th 1876

Undertaker, William H. Lange

Place of Business, 110-104 East St.

A. Gregor Shorter M. D.
Medical Attendant.

Address 1116 Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTI...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7875

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 3 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Baltimore February 2 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William H. Brant

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, 4 days *Years,* *Months,* *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the wor is not required in this line.} infant Child

Occupation, nothing

Birthplace, {State or country (and how long in the United States, if of foreign birth} Baltimore Maryland

Duration of Residence in the City of Baltimore, Resident

Place of Death, {Give street and number.} No 64. Church St

Cause of Death, {First (Primary,) Exposure

{Second (Immediate,) Scarlatina

Duration of Last Sickness, Six Days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feb. 3rd 76

Undertaker, John B. Williams

Place of Business, 107 Lee St

L. L. Dyer *M. D.*
Medical Attendant.

Address No 146 Hill St Baltimore Md.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of Illegitimate children.

[OVER.]

...SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7876

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb 2 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Ann Reynolds

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 62 *Years,* 1 *Months,* 11 *Days.*

Color, White

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Milliner

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Worcester Co Md

Duration of Residence in the City of Baltimore, 1 year

Place of Death, {Give street and number.} 241 Montgomery St

Cause of Death, {First (Primary,) Hernia Strangulated

{Second (Immediate,) Peritonitis

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician

Place of Burial, Snow Hill

Date of Burial, Jan 5 1876

Undertaker, Armstrong & Sons

Place of Business, 163 Light St

S. Mullen M. D.
Medical Attendant.

Address 181 Shark

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Transit 336

No. 7877

SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7877

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 3 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, February 2d 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Catherine Kimmet

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 65 *Years,* — *Months,* 4 — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Wife

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 36 years

Place of Death, {Give street and number} 162 ½ - Fayette

Cause of Death, {First (Primary,) Asthma / Second (Immediate,) Dropsy —

Duration of Last Sickness, Several years —

All the above information should be furnished by the Physician

Place of Burial, St. Matthews Cem'try

Date of Burial, February 3rd 1876

L. A. Bohm M. D.
Medical Attendant.

Undertaker, John H. Weaver

Place of Business, # 22 W. Fayette St

Address 86 E Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this ce

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7878

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 4 1876 BALTIMORE.

Date of Death, Feb. 2d

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie Gaskins

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 18 Mos. ~~Years,~~ 18 — *Months,* *Days.*

Color, Blk. *Sex,*

~~Married~~, *Single,* ~~Widow~~ *or* ~~Widower~~, {Cross out the words not required in this line.}

Occupation, none.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balts. City.

Duration of Residence in the City of Baltimore, our time.

Place of Death, {Give street and number.} Stockton St. No 2.

Cause of Death, {First (Primary,) Unknown.
Second (Immediate,) No Physician in attendance.

Duration of Last Sickness, 6 or 7 days.

All the above information should be furnished by the Physician.

Place of Burial, Harford Cemetery J. G. Hutchins. M. D.

Date of Burial, Feb 4, 76

Undertaker, S. Gibbons

Place of Business, 119 W Hamburg *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of th...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7879

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 4 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Febr. 3. 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Craig

~~*Sex, Male or* Female,~~ {Cross out the word not required in this line.}

Age, — 6 — *Years,* — 7 — *Months,* *Days.*

Color, White *Sex,*

~~*Married, Single, Widow or* Widower,~~ {Cross out the words not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. City

~~*Duration of Residence in the City of Baltimore,*~~

Place of Death, {Give street and number.} N. Spring St. 109.

Cause of Death, { First (Primary,) 3 Scarlet fever
Second (Immediate,)

Duration of Last Sickness, 2 weeks.

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Feb 5th 1876

{ *Undertaker,* [redacted] H Schultes
{ *Place of Business,* 281 E Monument St *Address*

C. H. Pieh M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7880

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 4 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, February 2nd 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ann Jane Washington

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, 26 *Years,* 11 *Months,* *Days.*

Color, Black *Sex,*

~~Married~~, ~~Single~~, Widow or ~~Widower~~, {Cross out the words not required in this line.} Widow

Occupation, Dress Maker

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Whole Life

Place of Death, {Give street and number.} 86 Little Mc Elderry St

Cause of Death, First (Primary,) Carcinoma Uteri

Second (Immediate,) Exhaustion

Duration of Last Sickness, 30 months

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cemetery

Date of Burial, February 4th 1876

Undertaker, John W. Locke

Place of Business, 58 South Wolf St

D. Nicholas Bathell M. D.
Medical Attendant.

Address 162 Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. [illegible]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certi[illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7881,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 4 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 2. 76

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Joseph Reiley

~~*Sex*~~, *Male* ~~*or Female*~~, {Cross out the word not required in this line.}

Age, 0 *Years,* 9 *Months,* 1 *Days.*

Color, white *Sex,*

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} md -

Duration of Residence in the City of Baltimore, 9 m

Place of Death, {Give street and number.} 353 Cathedral St

Cause of Death, First (Primary,) Lentition

Second (Immediate,) Spasms

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Ground *G. L. Tarquhill* M. D.

Date of Burial, Feb 4th 1876 Medical Attendant.

Undertaker, John C Jordon *Address* 129 W. Bedale St

Place of Business, 63 Parkin

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7882

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 4 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 3rd 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Emma Estelle Fagin.

~~*Sex, Male or* Female,~~ {Cross out the word not required in this line.}

Age, 3 Weeks ~~*Years,*~~ ~~*Months,*~~ ~~*Days.*~~

Color, White *Sex,* Female

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore. Md.

Duration of Residence in the City of Baltimore, 3 Weeks

Place of Death, {Give street and number.} # 288. E. Madison st.

Cause of Death, First (Primary,) Gastritis

Second (Immediate,) Exhaustion.

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery N. B. O Reilly M. D.

Date of Burial, Feb 5th 1876 Medical Attendant.

Undertaker, William Fox

Place of Business, N. Broadway Address # 235 N. Broadway Balto. City

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of THIS CERT...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7883.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 4 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 3rd 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents,} William Vincent Campbell

Sex, Male ~~or Female,~~ {Cross out the word not required in this line,}

Age, ~~Years,~~ 8 *Months,* ~~Days.~~

Color, white

Married, Single, Widow or Widower, {Cross out the wor is not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 43 Mulliken Street

Cause of Death, {First (Primary,) Cold & Catarrh on Brest
Second (Immediate,) Convulsions

Duration of Last Sickness, one week

All the above information shou'd be furnished by the Physician

Place of Burial, Balto Cemetery

Date of Burial, Feb 5th 1876

Undertaker, Geo C Rodenmayer

Place of Business, Eutaw St

James A Steuart M. D.
Medical Attendant.

Address Commit of Health & Registrar.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Information by Andrew T. Campbell father

Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this C...

Board of Health, City of Baltimore,

Permit No. 7884

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 4 1876 BALTIMORE

Date of Death, Feb 1st 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Julia Ann ~~Bowling~~ McMinn

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 62 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Philadelphia

Duration of Residence in the City of Baltimore, Eleven Years

Place of Death, {Give street and number.} 177 Hollins St.

Cause of Death, First (Primary,) Chronic Nephritis & Dropsy

Second (Immediate,) 15 Months.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetary

Date of Burial, Feb 4 1876

Undertaker, Hughes & Co

Place of Business, 530 Fayette St

J. H. C. Cadle M. D.
Medical Attendant.

Address 363 Franklin St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Ce...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7885

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 4 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 1st Feb. 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Chas. Myers

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 3 *Years,* 9 *Months,* 15 *Days.*

Color, White *Sex,* Male

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 247 Hollins st.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 248 Hollins st.

Cause of Death, {First (Primary,) Scarlet Fever / Second (Immediate,)

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, Feb 4th 1876

Undertaker, Hughes & Co

Place of Business, 330 Fayette

P. V. Dineen M. D.
Medical Attendant.

Address 187 Hollins st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of Illegitimate children.

[OVER.

...ttention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this ce...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7886

The Physician who attended any person in a last Illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 4 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 3. 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henry Knierim.

~~*Sex, Male or Female,*~~ {Cross out the word not required in this line.}

Age, 66 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, ~~*Single, Widow or*~~ *Widower,* {Cross out the words not required in this line.}

Occupation, Taylor

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Schwarzenhasel Germany

Duration of Residence in the City of Baltimore, 29 years

Place of Death, {Give street and number.} Fountain St. 28.

Cause of Death, First (Primary,) General Consumption

Second (Immediate,)

Duration of Last Sickness, has been sick & sickly this years.

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemetery

Date of Burial, Feb 5th 2 pm.

C. H. Pue M. D.
Medical Attendant.

Undertaker, Henry Sander

Place of Business, 252 Caroline Ave *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Cert...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7887

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 4 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feby 3rd 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Thos L McCain

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, One *Years,* Two *Months,* Fourteen *Days.*

Color, White *Sex,* Male

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 43 E Biddle St

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 81 N Washington St

Cause of Death, {First (Primary,) Pneumonia / Second (Immediate.)

Duration of Last Sickness, Seven weeks

All the above information should be furnished by the Physician.

Place of Burial, Bal Cemetery

Date of Burial, Feb 5 3 O'Clock

{*Undertaker,* Geo C Rodenmayer / *Place of Business,* 38 Exeter St

A Snyder Shortt M. D.
Medical Attendant.

Address 112 E Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

...attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Cer...

Board of Health, City of Baltimore,

Permit No. 7888

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 4 1876 BALTIMORE

Date of Death, Feb 2

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George Barkman

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 5 *Years,* 5 *Months,* — *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, since Birth

Place of Death, {Give street and number.} 86 Hamilton

Cause of Death, {First (Primary,) Scarletina

{Second (Immediate.)

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, Feb 4th 1876

{*Undertaker,* Armstrong & Dennis

{*Place of Business,* 263 Light St

Thomas Scott M. D.
Medical Attendant.

Address 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7889.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 4 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, February 4th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Frances Ribak

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 5 *Years,* *Months,* *Days.*

Color, white *Sex,* female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, 5 Yrs

Place of Death, {Give street and number.} 18 Anthony St

Cause of Death, {First (Primary,) Scarlatina Maligna,
Second (Immediate,) Exhaustion

Duration of Last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, St Thomas Cem'y

Date of Burial, February 5 1876

Undertaker, Henry Houck *Address*

Place of Business, 107 Eutaw Ave

M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERT

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7890

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 4 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feb 4th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Frederick H Meinhart

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 15 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 524 George St

Cause of Death, First (Primary,) Cold —

Second (Immediate,) Erysipelas

Duration of Last Sickness, one day

All the above information should be furnished by the Physician

Place of Burial, Balto Cemetery

Date of Burial, February 5th 1876

Undertaker, Michael Funk

Place of Business, Bank St

James H Steuart M. D.

Health Officer

Address Commrs of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of Illegitimate children.

Information by Henry Meinhart Father

[OVER.]

Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7891

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 4 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Febr 3rd 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sallie Oneal

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.} Female

Age, 37 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.} Married

Occupation, Housewife

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 23 years

Place of Death, {Give street and number.} Pine & Lemmon

Cause of Death, {First (Primary,) Childbirth

Second (Immediate.)

Duration of Last Sickness, three months

All the above information should be furnished by the Physician.

Place of Burial, St Peters C.

Date of Burial, Feb 5th 1876

J. H. R. Wolfe M. D.
Medical Attendant.

{*Undertaker,* J. B. Blackistone & Son *Address* 25 & 11 N. Fremont St

{*Place of Business,* 606 Balt St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7892

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 4 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 3rd 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Patrick Oneill & Sallie Oneill

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years,* ..... *Months,* one *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Pine & German

Cause of Death, {First (Primary,) Inanition

{Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Peters C.

Date of Burial, Feb 5

J H P Wolfe M. D.
Medical Attendant.

Undertaker, J. B. Blackistone Son *Address* 207 West Lombard st

Place of Business, 606 Balt st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

pecial Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7893

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 5 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feby 4th 1876,

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Susan Ebert,

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 2 *Years,* 2 *Months,* 5 *Days.*

Color, —— *Sex,* Fem,

~~*Married*~~, *Single, Widow or Widower,* {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 85 St. Peter St,

Cause of Death, First (Primary,) Diphtheria

Second (Immediate,)

Duration of Last Sickness, Seven days,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetry

Date of Burial, 6 Febrary

R. J. H. Tall M. D.
Medical Attendant.

Undertaker, P. P. Dill

Place of Business, 183 Columbia ave. *Address* 158 S. Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Physicians is respectfully invited to the remarks below, and to List of Diseases on back

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7894.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 5 1876 BALTIMORE

Date of Death, February 3ed 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charley Thompson

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ____ *Years,* 11 *Months,* 3 *Days.*

Color, white *Sex,* ____

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ____

Occupation, ____

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Cooksey st near Beason L. P.

Duration of Residence in the City of Baltimore, since Born

Place of Death, {Give street and number.} Cockain near Beason st L. P.

Cause of Death, {First (Primary,) Convulsions / Second (Immediate.)

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, St Patrick Cemetery

Date of Burial, Saturday Feby 5/76

Undertaker, M. Langrod

Place of Business, 87. Gough st

P. G. Daniel M.D.

Medical Attendant.

Address 27 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...ecial Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back

Board of Health, City of Baltimore,

Permit No. 7895. OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 5 1876 BALTIMORE.

Date of Death, Feby 3rd 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Harriet M. Boggs

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 67 *Years,* *Months,* *Days.*

Color, White *Sex,* female

~~*Married, Single,*~~ *Widow* ~~or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} State of District of Columbia

Duration of Residence in the City of Baltimore, 85 years

Place of Death, {Give street and number.} No 228 Madison Av

Cause of Death, First (Primary,) Pneumonia

Second (Immediate,)

Duration of Last Sickness, About three days

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cem

Date of Burial, Feby 5th

Rufus Brecken M. D.

Medical Attendant.

Undertaker, Geo W Spence

Place of Business, 206 Paca St. Address 135 N Charles St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No.

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7896.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 5 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 4th. 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Caroline Bauer

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, One *Years,* *Months,* 25 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore. One Year & 26 Days

Place of Death, {Give street and number.} 476 Canton Avenue

Cause of Death, First (Primary,) Suppressed Measles

Second (Immediate,) Inflammation of Lungs

Duration of Last Sickness, 4 Days

All the above information should be furnished by the Physician

Place of Burial, St Stephens C.

Date of Burial, February 6

Undertaker, Theodore Dippel

Place of Business, S Bond St 151

Matthew Henry Sloane M. D.
Medical Attendant.

Address 179 Patterson Park Avenue
Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

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[OVER.]

No.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back o

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7897

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 3 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 4 Feb 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Geo Turbe

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, — *Years,* — *Months,* 30. *Days.*

Color, — *Sex,* male

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 708 Garrison.

Cause of Death, {First (Primary,) Erysipel. phlegmonous

Second (Immediate,) ab. 14 Days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery. C Mattmen M. D.

Medical Attendant.

Date of Burial, February 5

{*Undertaker,* Kindlin Dippel

Place of Business, W. Bend St 131 *Address* 57 N. Eighth.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...SPECIAL ATTENTION ... PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7898

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within, *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 5 1876 BALTIMORE

Date of Death, February 5th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 5 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Philadelphia Pa. - Supposed (1)

Duration of Residence in the City of Baltimore, 6 mos.

Place of Death, {Give street and number} Dolan Aid Asylum

Cause of Death, {First (Primary,) Typho-Malarial Fever

{Second (Immediate,)

Duration of Last Sickness, 12 days

All the above information should be furnished by the Physician

Place of Burial, St. Patricks Cem.

Date of Burial, February 7th

{*Undertaker,* M. A. Daiger

{*Place of Business,* 74. S. Bond

Signed L. McShane M. D.
Medical Attendant.

Address 237 Eastern Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this C...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7899

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 5 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 4th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Eliza Darkins

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, — *Years,* — *Months,* 2 1 *Days.*

Color, Blk

Married, Single, Widow or Widower, {Cross out the word is not required in this line}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 35 N. Durham St

Cause of Death, First (Primary,) Cold

Second (Immediate,) Astrofsbey

Duration of Last Sickness, one week

All the above information should be furnished by the Physician

Place of Burial, Dallas St Cemetery

Date of Burial, Feb 6th 1876

Undertaker, Geo Jones

Place of Business, Dallas St

James A Steuart M. D.
~~Medical Attendant.~~

Address Commissioner of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of Illegitimate children.

Information by Andrew Darkins Father

[OVER.]

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this C...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7900

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 5 1876 BALTIMORE

Date of Death, Feb 4th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henrietta Jarrett

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ... *Years,* 3 *Months,* 14 *Days.*

Color, Blk

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} Peach Alley between Hamburg & Cross Sts

Cause of Death, First (Primary,) Cold

Second (Immediate,) Marasmus

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feb 6th 1876

James A Steuart M. D.
~~Name of Physician.~~

{*Undertaker,* Saml. H. Chase
Place of Business, S. Eutaw St

Address Commrs of Health
& Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Moses Jarrett Father

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7901

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 5 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feb. 2d 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Johanna Haugemeehle

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 80 *Years,* 9 *Months,* 13 *Days.*

Color, White *Sex,*

Married, ~~Single,~~ ~~Widow~~ *or* ~~Widower,~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 1/2 Sara Ann Street

Place of Death, {Give street and number.} " " "

Cause of Death, First (Primary,) Consumption

Second (Immediate,)

Duration of Last Sickness, Ten months

All the above information should be furnished by the Physician.

Place of Burial, R. C. Ephraims *John J. Ziher* M. D.

Date of Burial, 6th of Feb. Medical Attendant.

Undertaker, P. Kimmel

Place of Business, 311 Mulberry St. *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...he Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7902

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 5 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 4th 76

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Albert L Sr. Gruber

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 7 *Years,* *Months,* 4 *Days.*

Color, White *Sex,*

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Child

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore, 4 days

Place of Death, {Give street and number.} 185 Pine

Cause of Death, First (Primary,) Peahonea

Second (Immediate,) Spasms.

Duration of Last Sickness, 4 days.

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, 5th of Feb.

Undertaker, P. Kinnard

Place of Business, 317 Mulberry St. *Address* 226 Mulberry St.

Louis C. Hoen M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7903,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 5 1876 BALTIMORE

Date of Death, Feb 4th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Harry C. Hahn

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 4 *Years,* 10 *Months,* 18 *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 68 Russell St

Cause of Death, First (Primary,) Diphtheria

Second (Immediate,) Diphtheritic Croup

Duration of Last Sickness, 12 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cem by Theodore Lord & Co M. D.

Date of Burial, Febr 6th 1876 Medical Attendant.

Undertaker, Julius Koehler *Address* 146 Hanover St

Place of Business, cor Sharp & Cross sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7904

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 5 1876 BALTIMORE

Date of Death, Feby 5th '76

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Wells Mackenzie

Sex, Male or Female, {Cross out the word not required in this line.} Male.

Age, ——— *Years,* 5 *Months,* ——— *Days.*

Color, White *Sex,* Male

~~*Married, Single,* Widow or Widower,~~ {Cross out the words not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 240 Pierce St.

Cause of Death, First (Primary,) Erysipelas of Scrotum, testicles and perinæum.

Second (Immediate,) Gangrene.

Duration of Last Sickness, Two weeks.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, February 6th 1876

Louis W. Knight M. D.
Medical Attendant.

Undertaker, J. B. Cook

Place of Business, 707 West Baltimore St. *Address* 112 N. Greene St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7905

The Physician who attended any person in a last Illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 5 1876 BALTIMORE

Date of Death, Feb 4th, 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Gustavus Schumann

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 4 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 216 Bank St

Cause of Death, First (Primary,) Diphtheria

Second (Immediate,) Croup

Duration of Last Sickness, 24 hours

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County Thomas Shearer *M. D.*

Date of Burial, Feb 6th 1876 Medical Attendant.

Undertaker, John L Thacher

Place of Business, No 150 Canton *Address* 9th St Canton

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

A F E T Y F I

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7906

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 5 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 4th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William S. Browning

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 70 *Years,* *Months,* *Days.*

Color, White *Sex,*

~~*Married, Single, Widow or*~~ *Widower,* {Cross out the words not required in this line.}

Occupation, Book Keeper

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 70 years

Place of Death, {Give street and number.} 138 Preston St.

Cause of Death, First (Primary,) Gastric & Bronchial Catarrh

Second (Immediate,) Phthisis

Duration of Last Sickness, About two months

All the above information should be furnished by the Physician.

Place of Burial, Green Mt. Cemetery

Date of Burial, 7th Febry 1876

Undertaker, Hy W. Deutrick & Son

Place of Business, 16 Light St.

Thomas Shearer M. D.
Medical Attendant.

Address 9 E. Chase St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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No.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7907.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 5 876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, February 4th 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ida Susannah Thomas.

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.} Female.

Age, 2 0/12 *Years,* ~~0~~ 1/2 *Months,* ~~6 months.~~ *Days.*

Color, White *Sex,* Female

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} Single

~~Occupation~~,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore.

Place of Death, {Give street and number.} 242 Linden Ave.

Cause of Death, First (Primary,) Tuberculosis.

Second (Immediate,) Inanition.

Duration of Last Sickness, 4 Months.

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery C. F. Bevan. M.D. M. D.

Date of Burial, Feb 6th 1876 Medical Attendant.

Undertaker, Thos A Hughes *Address* 241 Linden Ave Cor

Place of Business, 611 E Balto Lanvale.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7908

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 5 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Febuary 3" 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Catherine M. Colson

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 16 *Years,* 9 *Months,* *Days.*

Color, Colored *Sex,*

~~*Married*~~, *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, At Service

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, during Life

Place of Death, {Give street and number.} 13 China st

Cause of Death, First (Primary,) Pneumonia

Second (Immediate,) Dropsy

Duration of Last Sickness, 41 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetary

Date of Burial, February 5 " 1876

O. A. Cook M. D.
Medical Attendant.

{*Undertaker,* James H Davis
{*Place of Business,* No 12 Saratoga st *Address* Cor Lee & Gaurnes

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No.

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7909

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 5 1876 BALTIMORE

Date of Death, Feb. 5. 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Francis

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Years, Months, 7 Days.

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Illegitimate

Duration of Residence in the City of Baltimore. 7 days

Place of Death, {Give street and number.} St. V. Infants asylum.

Cause of Death, First (Primary,) Cyanosis

Second (Immediate,) convulsions

Duration of Last Sickness, 12 hours

All the above information should be furnished by the Physician

Place of Burial, Cathedral Cemetery

Date of Burial, Feb. 8. 1876.

Undertaker, Boiters

Place of Business, Institution

Thos. Bruen M. D.
Medical Attendant

Address 201 W. Biddle St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of Illegitimate children.

[OVER.]

No.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of

Board of Health, City of Baltimore,

Permit No. 7910

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 5 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb. 4th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Rachael Ann Jones

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 56 *Years,* *Months,* *Days.*

Color, Black *Sex,* Female

~~Married~~, ~~Single~~, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Housekeeper

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, 26 Years

Place of Death, {Give street and number.} No. 42 Forrest St

Cause of Death, {First (Primary,) Pneumonia & Stricture in Stomach & Lungs
Second (Immediate,)

Duration of Last Sickness, 9 Days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, February 6th 1876

Geo. H. Watson M. D.
Medical Attendant.

Undertaker, Wm. H. Turner

Place of Business, [illegible] Address 18 Asquith St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7911

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 5 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 4th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Julia Enolds.

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 20 *Years,* — *Months,* — *Days.*

Color, Colored *Sex,* Female

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.} M

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Dorchester County m. d.

Duration of Residence in the City of Baltimore, Ten years.

Place of Death, {Give street and number.} 68. Bethel Stret

Cause of Death, First (Primary,) Cold on Stumus Constitution

Second (Immediate,) Pulmonary Consumption

Duration of Last Sickness, Three or 4 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, February 6th 1876

Undertaker, William A. Dunger

Place of Business, No 104 East Fayette St. *Address*

J. J. Cockrill M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7912

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 5 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 5th 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary N. Heyworth

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, Thirty *Years,* Eight *Months,* *Days.*

Color, White *Sex,* Female

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. City.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 147 N. Paca St.

Cause of Death, First (Primary,) Gastritis.

Second (Immediate,) Exhaustion.

Duration of Last Sickness, Ten days.

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cem. R. J. N. Tall M. D.

Date of Burial, Feb 7th 1876 Medical Attendant.

Undertaker, Jacob Weaver *Address* 158 S. Sharp St.

Place of Business, No 486 Druid Hill Avenue

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7913.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 5 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb: 3th, 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Hall

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 40 *Years,* *Months,* *Days.*

Color, Black *Sex,* Female

~~Married, Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, General Servant

Birthplace, {State or country (and how long in the United States, if of foreign birth.} York Penn:

Duration of Residence in the City of Baltimore, 12 years about

Place of Death, {Give street and number.} 76 Jasper st:

Cause of Death, First (Primary,) Consumption

Second (Immediate,)

Duration of Last Sickness, Two Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feb 5, 76

Undertaker, J. W. Chase

Place of Business, 17 N Howard st

W. B. Griffith M. D.
Medical Attendant.

Address 117 Madison st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7914

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 5 1876 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, Feb 4th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} ~~XXX~~ Lars H. Monroe

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 4 *Years,* 2 *Months,* 1 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 16 Comet st Balt md

Duration of Residence in the City of Baltimore, always

Place of Death, {Give street and number.} 16 Comet st

Cause of Death, First (Primary,) Scarlet fever

Second (Immediate,)

Duration of Last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery *John H. Conner* M. D.

Date of Burial, Feb 6th 1876 Medical Attendant.

Undertaker, William Fry Cor Broadway & Baltimore

Place of Business, N. Broadway *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7915

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, correctly filled out, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 5 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 4th 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Chas. Geo. Riggs

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, Sixty five *Years,* *Months,* *Days.*

Color, White *Sex,* Male

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Lawyer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} # 165 Argyle Ave.

Cause of Death, First (Primary,) Effusion at base of brain

Second (Immediate,) Paralysis

Duration of Last Sickness, Five Days

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, February 6th

Jas. T. Smith M. D.
Medical Attendant.

Undertaker, M. A. Dejer *Address* # 584 W Fayette st

Place of Business, # 714 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of

Board of Health, City of Baltimore,

Permit No. 7916

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last Illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 6 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb. 5th 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Barbara Pfister Nengel

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 47 *Years,* *Months,* 2 *Days.*

Color, White *Sex,* Female

~~Married~~, ~~Single~~, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Byron, Germany.

Duration of Residence in the City of Baltimore, 22 Years

Place of Death, {Give street and number.} 160 Chew St

Cause of Death, First (Primary,) Pneumonia

Second (Immediate,) Gastritis

Duration of Last Sickness, 3 Weeks

All the above information should be furnished by the Physician.

Place of Burial, St Vincent's

Date of Burial, Feb 7th 1876

Undertaker, H. Hook

Place of Business, 301 Central Ave

Signed Geo. H. Wayson M. D.

Medical Attendant.

Address 16 Seventh St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this certificate.

Board of Health, City of Baltimore,

Permit No. 7917

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 6 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 5th February 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Louis, No Name

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Years, 5 Months, Days.

Color, *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, 5 Months

Place of Death, {Give street and number.} 176 E. Fayette st.

Cause of Death, First (Primary,) Congestion Brain

Second (Immediate,) Convulsions

Duration of Last Sickness, 3 hours

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, February 6th 1876

William, Le Roy Monell M. D.
Medical Attendant.

Undertaker, Wm H. Hickman

Place of Business, 234 E. Gay St.

Address Broadway Cemetery

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. ...

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7918

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 6 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 5th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Edward S. Gordon

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 3 *Years,* ____ *Months,* ____ *Days.*

Color, White *Sex,* Male

Married, Single, ~~Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, ____

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. Md.

Duration of Residence in the City of Baltimore, Whole life

Place of Death, {Give street and number.} 80 Mc Kim St

Cause of Death, {First (Primary,) Scarlet Fever

Second (Immediate,) Three Weeks.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial Baltimore Cemetery

Date of Burial, February 7th 1876

Undertaker, Wm. H. Hickman

Place of Business, 234 N. Gay St.

S. N. Hunter M. D.
Medical Attendant.

Address 111 Greenmount Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7919

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 6 1876 BALTIMORE

Date of Death, Feby. 4th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Chas Joseph — (Foundling)

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ____ *Years,* 9 *Months,* ____ *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ____

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number.} Infant Asylum

Cause of Death, {First (Primary,) Ination

{Second (Immediate,)

Duration of Last Sickness, During life

All the above information should be furnished by the Physician.

Place of Burial, St. Paul Cemetry

Date of Burial, Feby 6th 1876

Undertaker, McCorlle Bros

Place of Business, 131. W Saratoga.

Thos S. Latimer M. D.
Medical Attendant.
for J. D. Thomson Jr. & Co.

Address 248 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on ba...

Board of Health, City of Baltimore,

Permit No. 7920

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 6 1876 BALTIMORE

Date of Death, 5th Feb. 1876

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Manuel (Mothers Name Elizabeth)

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, 2 Hrs Minutes ~~Years~~, *Months,* ~~Days.~~

Color, Colored *Sex,* Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } 40 Hillen St

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 40 Hillen St

Cause of Death, First (Primary,) Instrumental Delivery

Second (Immediate.)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Sharp St. Cemetery S. T. Coyburn M. D.

Date of Burial, Feb 6th 1876 Medical Attendant.

Undertaker, Parnell *Address* 134 High St

Place of Business,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back

Board of Health, City of Baltimore,

Permit No. 7921.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 7 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feby 6. 1876

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Jno H. Rouse

Sex, Male or ~~Female~~, { Cross out the word not required in this line. } Male

Age, — *Years,* 3 *Months,* 27 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. } —

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Balt.

Duration of Residence in the City of Baltimore, All his life

Place of Death, { Give street and number. } 73 N. Appleton St

Cause of Death, { First (Primary,) Marasmus

{ Second (Immediate,) " " " " " "

Duration of Last Sickness, This child has never been well since its birth

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet. Cem. *Date of Burial,* Feb 7th

W. F. Kemp M. D.
Medical Attendant.

Undertaker, Wm J. Tickner

Place of Business, 65 S. Eutaw *Address* 55 N. Gorsuch St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on ba

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

1

Permit No. 7922

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 7 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feby 7th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Matthew Roach Mudoover

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 77 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

~~*Married, Single, Widow*~~ or *Widower,* {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Armstadt Wirtemburg Germany

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Little Sisters of the Poor

Cause of Death, {First (Primary,) / Second (Immediate,)} Dropsy

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, Feb 7th 1876

Undertaker, H. Schultheis

Place of Business, Mount St *Address*

John F. Monmonier M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of th... No. ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7923,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPT. FEB 7 1876 BALTIMORE

Date of Death, Febry 6th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Frank William Hebert

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 3 *Years,* 1 *Months,* 13 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Brooklyn N. York

Duration of Residence in the City of Baltimore, 2 years 9 months

Place of Death, {Give street and number.} 355 Orleans St

Cause of Death, First (Primary,) Inanition Cause

Second (Immediate,) Apnea

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, Feb 8

Undertaker, Ch Hassing

Place of Business, 136 E Fayette

D Webster Cahill M. D.
Medical Attendant.

Address 114 N. Eutaw St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No.

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7924

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if required so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE

HEALTH DEPARTMENT FEB 7 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, February 5th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Thomas McAdams

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, 3 *Years,* — *Months,* 1 *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} —

~~Occupation~~, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore. Md.

Duration of Residence in the City of Baltimore, Whole Life

Place of Death, {Give street and number.} 93 Albemarle St

Cause of Death, First (Primary,) Tuberculer Meningitis

Second (Immediate,)

Duration of Last Sickness, About three weeks

All the above information should be furnished by the Physician

Place of Burial, Holy Cross Cemetery

Date of Burial, Feby 7 1876

Undertaker, James O Byrne

Place of Business, No 63 N Front St

D Webster Cathell M. D.
Medical Attendant.

Address 12 S. Exeter St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7925.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 5 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 6th Feb 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William S White

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 40 *Years,* *Months,* *Days.*

Color, W *Sex,* M

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Silversmith

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 18 years

Place of Death, {Give street and number.} No 376 N Gay Baltimore City

Cause of Death, First (Primary,) Consumption Lungs

Second (Immediate,)

Duration of Last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, Green Mount County

Date of Burial, Feb 8

Undertaker, Ch Rossiter

Place of Business, 156 E Fayette

J Redgway Anders M. D.
Medical Attendant.

Address No 174 E Balto st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7926

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 7 1976 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 4th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles Griffith

Sex, Male or Female, {Cross out the word not required in this line.} Male

~~*Age, Years,*~~ 21 *Months,* ——— *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country (and how long in the United States, if of foreign birth} 419 E. Charles St

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 419 E. Charles St

Cause of Death, {First (Primary.) Scarlatina Sine Eruptio / Second (Immediate,) Convulsions

Duration of Last Sickness, 1 Day

All the above information should be furnished by the Physician.

Place of Burial, Friendship Bal. Co.

Date of Burial, Feb 8th 1876

Undertaker, T. A. Troll

Place of Business, 90 S Howard

Geo. H. Denson M. D.
Medical Attendant.

Address 414 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

(Transit 337)

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7927

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 7 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feby 6th 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Thos. Pearce

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, ____ *Years,* Seven *Months,* Three *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 62 Dabney alley

Cause of Death, First (Primary,) Cancer

Second (Immediate,) Spasm

Duration of Last Sickness, I had attended about 3 weeks St. Mitchell and Prof. Smith & others had attended in it about five months

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Cemetery

Date of Burial, Feby 8th 1876

Jas. T. Smithcum M. D.
Medical Attendant.

Undertaker, Jos. B. Cook

Place of Business, 707 Pacca near Lanvale Address 582 Old Town Pike

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7928

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 7 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 6th 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Hannah Agnes Ida Fales

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, *Years,* 3 *Months,* 10 *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore 17 Pinetree St.

Duration of Residence in the City of Baltimore, 3 months 10 days

Place of Death, {Give street and number.} 17 Pinetree St

Cause of Death, First (Primary,) Brain Lesion 3 days

Second (Immediate.) Convulsions

Duration of Last Sickness, 16 hours

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Cemetery

Date of Burial, Feb 8 1876

John Morris *M. D.*
Medical Attendant.

Undertaker, C. H. Krause

Place of Business, 209 Hanover St *Address* No. 5 Franklin St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7929.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 7 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 5th 76.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Alberta Miles

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 8 *Years,* 2 *Months,* 6 *Days.*

Color, Colored *Sex,* Female

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, ——

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore, all life

Place of Death, {Give street and number.} 23 Durham St. N

Cause of Death, First (Primary,) Unknown.

Second (Immediate,) Convulsions, but natural

Duration of Last Sickness, a few hours

All the above information should be furnished by the Physician.

Place of Burial, Loudon Cemetery

Date of Burial, Febuary 8th 1876

Undertaker, John W Locks

Place of Business, 51 S. Wilpt St

Edmund D Walker M. D.

~~Medical Attendant~~

Address Coroner M. P. D.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

THE SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7930

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 7 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 6th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Cooperspire

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Years, 1 Months, 2 Days.

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 96 Parkin St

Cause of Death, First (Primary,) Pulmonary Consumption

Second (Immediate,)

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician

Place of Burial, St Peters Cemetery

Date of Burial, Feb 7th 1876

Undertaker, John S Mercher

Place of Business, No 130 Camden St

Edwd F. Mulholland M. D.
Medical Attendant.

Address 277 W. Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7931

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 7 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 6th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Grace Sykes

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 7 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Fort Avenue & Johnson st

Cause of Death, First (Primary,) Scarlatina

Second (Immediate,)

Duration of Last Sickness, Three weeks

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, Feb. 8 1876

Julius Hall M. D.
Medical Attendant.

Undertaker, Armstrong & Denny

Place of Business, 263 Light st Address Southern Dispensary

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 79321

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 7 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Febry 6th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} F. M Geisler

~~*Sex,*~~ *Male* ~~*or Female,*~~ {Cross out the word not required in this line.}

Age, 46 *Years,* *Months,* *Days.*

Color, W *Sex,*

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Shoemaker

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany — 22 yrs. in U.S.

Duration of Residence in the City of Baltimore, 22 yrs.

Place of Death, {Give street and number.} St. Joseph's Hospital, Cor Carolina & Hoffman Sts.

Cause of Death, First (Primary,) Tuberculosis

Second (Immediate,) Exhaustion.

Duration of Last Sickness, 2 yrs.

All the above information should be furnished by the Physician.

Place of Burial, H. of Redeemers Cemetery Oscar J. Cozzens M. D.

Date of Burial, Feb. 8th Medical Attendant.

per W.F. Lockwood Jr. M.D

Undertaker, Michael Feeney

Place of Business, No 35 Bank St. Address St. Joseph's Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7939.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 7 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 5th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles Eaton

Sex, Male or Female, {Cross out the word not required in this line.} .....

Age, 2 8 *Years,* 11 *Months,* 15 *Days.*

Color, c d *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Sailor

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Anne Arundel Co

Duration of Residence in the City of Baltimore, 3 years 6 month

Place of Death, {Give street and number.} 50 Watkins av

Cause of Death, First (Primary,) Typhoid Pneumonia Fever

Second (Immediate,) Typhoid Fever

Duration of Last Sickness, 24 Days

All the above information should be furnished by the Physician.

Place of Burial, Hanover Church

Date of Burial, Feb 7 1876

C. M. Carthur, M. D.
Medical Attendant.

Undertaker, W M Chase

Place of Business, No 19 E Howard st *Address* 166 S Paca st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

(Transit 338)

No.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7934

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 7 1876 BALTIMORE

Date of Death, Feb. 6th 76

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Julia Schuetz

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, One *Years,* One *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, { Give street and number. } 266 S. Bond St. of Julia Anna

Cause of Death, { First (Primary,) Convulsions

Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mount Common Cem.

Date of Burial, Feb. 8th.

{ *Undertaker,* Hudson Tyler

Place of Business, 1. Bond St. 151

C. Edward Miller M. D.
Medical Attendant.

Address 143 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 7935

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb. 6th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Andreas Kopp

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 2 *Years,* 4 *Months,* 13 *Days.*

Color, white *Sex,* male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, since born

Place of Death, {Give street and number.} 317 E. Lombard

Cause of Death, First (Primary,) —

Second (Immediate.) Bronchitis

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, [illegible] Cemetery

Date of Burial, [illegible]

Undertaker, [illegible]

Place of Business, [illegible]

Jesse G. Bausch M. D.
Medical Attendant.

Address 27 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on ba[illegible].

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7936

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 7 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 6th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Emma Smith (Mary Emma Smith)

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 9 *Years,* 11 *Months,* 26 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Schoolmate

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore County Maryland

Duration of Residence in the City of Baltimore, 9 years & 11 months

Place of Death, {Give street and number.} 81 George Street

Cause of Death, First (Primary,) Gastritis

Second (Immediate.) Internal Hemorrhage

Duration of Last Sickness, Three weeks

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemetery

Date of Burial, February 7th 1876

G. Clifford M. D.
Medical Attendant.

Undertaker, Jacob Weaver

Place of Business, Nos 496 Druid Hill Ave Address 41 Edmondson Avenue East of Forest Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on ba

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7937

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 7 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb. 7th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary E. Foulson

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 8 *Months,* *Days.*

Color, W *Sex,* F

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 526 N Caroline

Cause of Death, First (Primary,) Congestion of Brain

Second (Immediate,)

Duration of Last Sickness, Several months

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, Feb 8/76

J Ridgway Andre *M. D.*
Medical Attendant.

Undertaker, Campbell

Place of Business, 64 N Broadway *Address* N 12 & Bath st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7938

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 7 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb. 6

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John H. Tongue

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, —— *Years,* —— *Months,* 9 *Days.*

Color, Black *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 10 Norris alley

Cause of Death, {First (Primary,) [illegible]

Second (Immediate,) Infantile Trismus

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery Thos. Ortke M. D.

Date of Burial, Feb. 7th 1876 Medical Attendant.

Undertaker, John B. William Address 146 Hanover St

Place of Business, 107 Lee St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on ba

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7939

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 7 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, February 4th 9 P. M.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Edward Dittmer

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, two *Years,* Ten *Months,* 2 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ——

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, ——

Place of Death, {Give street and number.} 91 Lancaster st

Cause of Death, First (Primary,) Scarlet Fever

Second (Immediate,) Convulsions

Duration of Last Sickness, 24 hours

All the above information should be furnished by the Physician.

Place of Burial, St German Reformed & St Paul Cemetery

Date of Burial, Feb 7th 1876

Undertaker, H. Hechtel

Place of Business, 246 Eastern Ave

L. O. Antennet M. D.
Medical Attendant.

Address 12 S. Eden st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on ba

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7940

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 7 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feby. 6. 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Joseph Bowe Jr.

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, 33 *Years,* 11 *Months,* *Days.*

Color, White *Sex,* Male

Married, ~~Single, Widowed or Widower~~, {Cross out the words not required in this line.} Married

Occupation, Book Keeper

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Nearly all his life

Place of Death, {Give street and number.} 86 N. Charles St.

Cause of Death, First (Primary,) Phthisis

Second (Immediate,) Apnea.

Duration of Last Sickness, Between 12 & 14 Months

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem'try

Date of Burial, February 8th 1876

W. H. Keener M. D.
Medical Attendant.

Undertaker, John H. Weaver

Place of Business, #22 W. Fayette St *Address* 53 N. Green St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

FILM

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back o...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7941

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 7 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 5th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth A. Hibbs

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 35 *Years,* 1 *Months,* *Days.*

Color, White *Sex,* Female

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 17 Rock St.

Cause of Death, {First (Primary,) Phthisis Pulmonalis,
Second (Immediate,)

Duration of Last Sickness, 6 Month,

All the above information should be furnished by the Physician.

Place of Burial, Western C,

Date of Burial, Feb 7

J. H. C. Cuddy M. D.
Medical Attendant.

{*Undertaker,* J. B. Blackistone & son
Place of Business, 606 Balt St Address 313 Franklin St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

K S A F E T Y

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of [illegible]

No. [illegible]

Board of Health, City of Baltimore,

Permit No. 7921

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 7 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 6 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Anthony

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Years, 2 Months, Days.

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Foundling

Duration of Residence in the City of Baltimore. Infant

Place of Death, {Give street and number.} St. Vincents Infant Asylum.

Cause of Death, First (Primary,) Atrophy

Second (Immediate,) convulsions

Duration of Last Sickness, 4 hours

All the above information should be furnished by the Physician

Place of Burial, Cathedral Cemetery

Date of Burial, Feb 8. 1876.

Undertaker, Sisters of

Place of Business, Institution

Mahlon Brewer M. D.
Medical Attendant.

Address 201 W. Biddle St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

KODA

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7943

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 7 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 6th Feb 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Alice Burleigh

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 21 *Years,* 9 *Months,* ~~~ *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, No

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Newbury Port - Mass.

Duration of Residence in the City of Baltimore, Three months.

Place of Death, {Give street and number.} 50 West Madison St

Cause of Death, First (Primary,) Consumption

Second (Immediate,) a

Duration of Last Sickness, 2 years (about)

All the above information should be furnished by the Physician.

Place of Burial, Newbury Port. Mass. F. Donaldson M. D.

Date of Burial, Medical Attendant.

Undertaker, W W Jenkins & Son *Address* 108 Park ave

Place of Business, Light St, Balto Baltimore Md

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Transit 339

No.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7964

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 7 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 6th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie Brown

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 20 *Years,* *Months,* *Days.*

Color, Colored *Sex,*

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, Servant

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Queen Anne Co —

Duration of Residence in the City of Baltimore, 5 Years

Place of Death, {Give street and number.} Rear of 179 S Sharp st

Cause of Death, {First (Primary,) / Second (Immediate.)} Puerperal Convulsions

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feb 8th 1876

{*Undertaker,* Geo P Penner / *Place of Business,* 188 W Balto St} *Address* Cor Lee & Hanover sts

O. A. Cooke M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 7 [illegible] 7

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7945,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 9 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 7th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Edward Willis Leary

~~*Sex,*~~ *Male* ~~*or Female,*~~ {Cross out the word not required in this line.} M

Age, *Years,* 4 *Months,* 12 *Days.*

Color, *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Co

Duration of Residence in the City of Baltimore, 4

Place of Death, {Give street and number.} 164 Hanover St

Cause of Death, {First (Primary,) Dentition.
Second (Immediate,)

Duration of Last Sickness, Five days

All the above information should be furnished by the Physician.

Place of Burial, Balt Cemetery John K Martin M. D.

Date of Burial, Feb 8th 10 Oclock Medical Attendant.

Undertaker, George C Rosenmiller

Place of Business, 38 Eutaw St *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7946

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 8 1876 BALTIMORE

Date of Death, Feb 5th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Daniel Green

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 9 *Months,* *Days.*

Color, Black *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 1 year

Place of Death, {Give street and number.} 19 Dawson alley

Cause of Death, First (Primary,) Phthisis

Second (Immediate,)

Duration of Last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemetery

Date of Burial, Feb 8 1876

Undertaker, [illegible]

Place of Business, 189 Howard st *Address*

Dr. L. Arnold M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 7947

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7947

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 8 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 7 February 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie Pouffy

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, 85 *Years,* *Months,* *Days.*

Color, Black *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Kent Co. Md.

Duration of Residence in the City of Baltimore, Over 50 yrs

Place of Death, {Give street and number.} 87 Canal Alley

Cause of Death, First (Primary,) old age

Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feb 9 76

Undertaker, W. M. Coulbourn

Place of Business, 181 W. Hamburg St

W. E. Moseley M. D.
Medical Attendant.

Address 169 N Eden St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

No. 7948

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7948

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 8 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 7 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George W Knipp

Sex, Male or Female, {Cross out the word not required in this line.}

Age, One *Years,* 4 *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 506 Balt St

Cause of Death, First (Primary,) Diftheria

Second (Immediate,) Congestion of Brain

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery J. J. Knight M. D.

Date of Burial, Feb. 9th 1876 Medical Attendant.

Undertaker, Adam Weidemeyer

Place of Business, 518½ W. Baltimore St *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7949

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 8 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feber. 7th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Philipp Simon

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 63 *Years,* 7 *Months,* *Days.*

Color, white *Sex,* male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Carpet weaver

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 33 years

Place of Death, {Give street and number.} 220 Chesnut st

Cause of Death, First (Primary,) Apoplexy

Second (Immediate,) Convulsions

Duration of Last Sickness, 2 days one day

All the above information should be furnished by the Physician.

Place of Burial, St Aloysius Cemetery

Date of Burial, February 9 1876

G. Liebmann M. D.
Medical Attendant.

{*Undertaker,* Henry Hoeck *Address* 58 N Front st
Place of Business, 309 Central Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7950

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 9 1876 BALTIMORE

Date of Death, Febry 7th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Maggie Hesh

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 17 *Years,* *Months,* *Days.*

Color, W *Sex,* Female

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, ——

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} St. Joseph's Hospl. Cor. Caroline & Hoffman Sts.

Cause of Death, First (Primary,) Tuberculosis

Second (Immediate,) Exhaustion

Duration of Last Sickness, About 2 yrs.

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Bl

Date of Burial, Febry 9, 1876

Oscar J. Cosgrove M. D.
Medical Attendant.

Undertaker, Henry Hoeck

Place of Business, 1309 Eutaw St. *Address* St. Joseph's Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7951

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

FEB 8 1876 BALTIMORE

Date of Death, Feby 7th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Chas. Osborne Wilson

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, — *Years,* — *Months,* 24 hours ~~Days~~

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 35 Creek alley

Duration of Residence in the City of Baltimore. Since birth

Place of Death, {Give street and number.} 35 Creek alley

Cause of Death, {First (Primary,) Exposure & Neglect by the Mother

{Second (Immediate,) ~~to the~~ Cold

Duration of Last Sickness,

All the above information should be furnished by the Physician

Place of Burial, W. P. Field

Date of Burial, Feb 7th

Undertaker, M 16 le Clere

Place of Business, 1485 W Balt *Address*

R. C. Lee M. D.
~~Medical Attendant~~
Coroner S. B.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7952

The Physician who attended any person in a last illness is respensible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 8 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 7th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ann Lull

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 46 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 24 years

Place of Death, {Give street and number.} 326 Howard St: (rear)

Cause of Death, First (Primary,) Dropsy

~~Second (Immediate,)~~

Duration of Last Sickness, Four months

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cem. *Date of Burial,* Feb 9th

Thos. Lumsden *M. D.*
Medical Attendant.

Undertaker, C. F. Leiren

Place of Business, N 271 N Eutaw St *Address* 19 Eastern Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7953.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

FEB 7 1876 BALTIMORE

Date of Death, Feb. 6th. 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henry C Woodford

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 36 *Years,* *Months,* *Days.*

Color, Colored

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Housewife

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Dorchester Co. Md.

Duration of Residence in the City of Baltimore, 12 years

Place of Death, {Give street and number.} 14 Caroline St

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate,) Extenuation

Duration of Last Sickness, Nine months

All the above information should be furnished by the Physician.

Place of Burial, Loud Enamlers.

Date of Burial, Feb. 8th 1876

Undertaker, William T. Lane

Place of Business, No. 114 East St.

G. Glanville Rush M. D.
Medical Attendant.

Address Balt. st. nr. Pats.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7954

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 8 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb: 7th 1876 (Dr Lawson)

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lewis J: DeLaune

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ____ *Years,* 8 *Months,* ____ *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 315 Saratoga St:

Cause of Death, First (Primary,) ~~Teething~~

Second (Immediate,) Inflammation of Brain

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, February 8th 1876

W. B. Griffith M. D.
Medical Attendant.

Undertaker, Chas. A. Poirier

Place of Business, No 520 W Balto

Address 117 Madison St:

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, It shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7955.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 8 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 7th of February 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George Schlee

~~*Sex,*~~ *Male* ~~*or Female,*~~ {Cross out the word not required in this line.}

Age, 19 *Years,* —— *Months,* —— *Days.*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, ——

Birthplace, {State or country (and how long in the United States, if of foreign birth.} New-York

Duration of Residence in the City of Baltimore, 3 months

Place of Death, {Give street and number.} 44 S. Gay Street (Fitzsimmons Int-Hosp)

Cause of Death, First (Primary,) Pulmonary Tuberculosis

Second (Immediate,) Marasmus

Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician

Place of Burial, Mt. Carmell Cimitery

Date of Burial, February 9th 1876

Undertaker, H. M. Gilmeyer

Place of Business, 341 Canton Av

J. Mathieu M. D.
Medical Attendant.

Address 245 E. Monument St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 1

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7956

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 8 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb: 8th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Blanch V. Butler

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 6 *Months,* *Days.*

Color, Black *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Co:

Duration of Residence in the City of Baltimore, Two years

Place of Death, {Give street and number.} 12 George st: A.C:

Cause of Death, First (Primary,) Blights Disease Kidneys

Second (Immediate,) Expansion

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feb 9th 1876

Undertaker, Wm F Gray

Place of Business, 63 Mulberry St

W. B. Griffith M. D.
Medical Attendant.

Address 117 Madison st:

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 7957

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7957

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 8 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, February 7th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lucia Jane Tilghman

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, *Years,* 5 *Months,* 8 *Days.*

Color, Mulatto *Sex,* Female

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 37 Foster Al

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 38 Orchard alley

Cause of Death, {First (Primary,) Convulsions / Second (Immediate,)

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feb 8th 1876

Undertaker, Wm F Gray

Place of Business, 63 Mulberry st

H Buckley M. D.
Medical Attendant.

Address 143 Mulberry st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7958

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 9 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 8th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Edith Conley

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, *Years,* 1-4 *Months,* 11 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 34 & 36 Eutaw St.

Cause of Death, {First (Primary,) Teething & Gastritis, Second (Immediate,) Convulsions

Duration of Last Sickness, Eight days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery *Jos. A. Scott* *M. D.*

Date of Burial, Feb 9th 1876 Medical Attendant.

{*Undertaker,* Armstrong & Davy *Address* 161 So. Pearl St.
{*Place of Business,* Light & Mondez

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. [illegible]

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 7959

HEALTH DEPARTMENT
FEB 1876
BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb 7th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Samuel Thomas Cross

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 2 *Years,* 1 *Months,* 12 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 4 S Laverne

Cause of Death, First (Primary,) Scarlatina

Second (Immediate,) & Exhaustion - Scarlatina Epidemica

Duration of Last Sickness, Five weeks (3)

All the above information should be furnished by the Physician

Place of Burial, Camp Chappel

Date of Burial, Feb 9th 1876

Undertaker, H. Foehlich

Place of Business, 246 Eastern Av

G. L. Wilkins M. D.
Medical Attendant.

Address 69 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of Illegitimate children.

[OVER.]

Transit No 3411

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7960

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 9 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb. 7th 1876,

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth C. Allison,

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 47 *Years,* *Months,* *Days.*

Color, White,

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, None,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto Md.

Duration of Residence in the City of Baltimore. Since birth,

Place of Death, {Give street and number.} 69 S. Eden St.

Cause of Death, {First (Primary,) Phthisis Pulmonalis,
Second (Immediate,) Exhaustion,

Duration of Last Sickness, Four months,

All the above information should be furnished to the Physician

Place of Burial, Green Mt. Cemetery

Date of Burial, Feby 9th 1876

{*Undertaker,* Hughes & Co
Place of Business, 658 Broadway

L. Glenville, Jr. M. D.
Medical Attendant.

Address Balt. & Wash. Pike.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7961

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 9 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 8 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Landes

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, [illegible] *Years,* [illegible] *Months,* 8 hours *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, none

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore. Life

Place of Death, {Give street and number.} 180 Ramsey St

Cause of Death, {First (Primary,) Premature Birth / Second (Immediate,) Asthenia

Duration of Last Sickness, Life

All the above information should be furnished by the Physician

Place of Burial, New Cathedral

Date of Burial, 9th Feb 1876

Undertaker, J. B. Cook

Place of Business, 707 W. Balt St

James A Steuart M. D.
Medical Attendant

Address Commissioners of Health
& Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Information by Catherine Mitchell Midwife

No. 7962

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7962

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 9 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 8th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George T. Webb

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, Six (6) *Years,* (3) three *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto County Md.

Duration of Residence in the City of Baltimore, 8 Months

Place of Death, {Give street and number.} No 881, Scott St

Cause of Death, First (Primary,) disease of Spine

Second (Immediate,) Convulsions

Duration of Last Sickness, 5 hours

All the above information should be furnished by the Physician.

Place of Burial, Ellicotts City

Date of Burial, Feb 9th 1876

Jno. D. Blake M. D.
Medical Attendant.

{*Undertaker,* John Steadman
Place of Business, No 150 Camden St} *Address* No. 136, Scott St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

(Transit 3 & 2)

No. 7963

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7963

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 9 1876 BALTIMORE.

Date of Death, Feb 7th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Debora Freeman

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 76 *Years,* *Months,* *Days.*

Color, Col

~~*Married*~~, ~~*Single*~~, *Widow or* ~~*Widower*~~, {Cross out the words not required in this line.}

Occupation, Laundress

Birthplace, {State or country (and how long in the United States, if of foreign birth)} Queen Anns County, Maryland

Duration of Residence in the City of Baltimore, 38 years.

Place of Death, {Give street and number.} 116 Eldry Court No 2

Cause of Death, First (Primary,) ——— Second (Immediate,) Old Age

Duration of Last Sickness, Confined 5 Months

All the above information should be furnished by the Physician

Place of Burial, [illegible]

Date of Burial, [illegible]

Undertaker, P. Dunger

Place of Business, [illegible] East St.

E. C. Baldwin M. D.
Medical Attendant.

Address 124 N Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7944

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 9 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb. 8th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Lambdin

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Years, 2 Months, 16 Days.

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth} Baltimore, Md.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 201 S. Chester St.

Cause of Death, First (Primary,) Pneumonia

Second (Immediate,)

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, St. Patricks Cemetery

Date of Burial, Feby 10, 1876

Undertaker, M. A. Dwyer

Place of Business, 74 S. Broadway

James T. McShane M. D.
Medical Attendant.

Address 257 Eastern Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 7962

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7965

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 9 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 8th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Adolph

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 50 *Years,* *Months,* *Days.*

Color, W *Sex,*

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Butcher, Trimpe

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 37 Years

Place of Death, {Give street and number.} 105 N Caroline St

Cause of Death, {First (Primary,) Supposed Intemperance & Exposure

Second (Immediate,)

Duration of Last Sickness, Sudden Death

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cem. Chas. M. Wright M. D.

Date of Burial, Feby. 9th 1876 at 4 P.M. Medical Attendant.

Undertaker, Jacob Bucher. Corner Eastern Ave & Bethel St

Place of Business, N. W. Cor. Caroline and Bethel St. *Address* 874 S Bethel St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7966

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 9 1876 BALTIMORE.

Date of Death, 8th Feby 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named give names of parents.} Sophia Mackel

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 55 *Years,* *Months,* *Days.*

Color, White

Married, ~~*Single, Widow or Widower.*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 20 years

Place of Death, {Give street and number.} 43 Johnson St

Cause of Death, {First (Primary,) Apoplexy

{Second (Immediate,)

Duration of Last Sickness, 9 Days

All the above information should be furnished by the Physician.

Place of Burial, Trinity St. Cemetery

Date of Burial, Feb 9 1876

{*Undertaker,* Peter Frey

{*Place of Business,* Eastern Ave

A. M. McDyer M. D.
Medical Attendant.

Address 201 Hanover St Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 7967

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7967

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 9 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, February 8th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lily Louisa or Lowry

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 4 *Years,* 1 *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 253 N. Eutaw St

Cause of Death, First (Primary,) Scarlet Fever

Second (Immediate,)

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, London Park *D. L. Williams* M. D.

Date of Burial, Feb 9 Medical Attendant.

Undertaker, Geo W Spence *Address* 201 Madison Ave

Place of Business, 206 Forest St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7968

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 9 1876 BALTIMORE

Date of Death, Feb 8th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Thos Tierney

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 35 *Years,* *Months,* *Days.*

Color, white *Sex,*

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, ——

Place of Death, {Give street and number.} Infirmary Lombard & Greene

Cause of Death, First (Primary,) Phthisis

Second (Immediate,) asthenia

Duration of Last Sickness, one month

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cem

Date of Burial, Feb 9th 1876

Undertaker, C. T. Scriven

Place of Business, 271 N. Eutaw st

T. X Cosby M. D.
Medical Attendant.

Address Univ. Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 7969

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7969

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 9 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 7th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} J A Flynn

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, Twenty Six *Years,* — — *Months,* — *Days.*

Color, White *Sex,* Male

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Painter

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 64 George st

Cause of Death, First (Primary,) Consumption

Second (Immediate,) Consumption

Duration of Last Sickness, 3 months

All the above Information should be furnished by the Physician.

Place of Burial W. Eastern cem

Date of Burial, Feb 9. 1876

E C Price & Son M. D.
Medical Attendant.

Undertaker, C H Blizzard

Place of Business, 187 Lanvale st *Address* 262 Madison Av

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7970

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 9 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feb 7 76

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sophie Neu

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 2 *Years,* 6 *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 300 N Charles

Cause of Death, First (Primary,) Scarlatina

Second (Immediate,)

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Feb 10th

Undertaker, H Brick

Place of Business, Harriet & Pratt

L Neu M. D.
Medical Attendant.

Address 154 Charles

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 1111

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7971

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 9 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 8th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wm Lanahan

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 39 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 25 yrs.

Place of Death, {Give street and number.} Balt. Infirmary.

Cause of Death, First (Primary,) Phthisis

Second (Immediate,) Asthenia

Duration of Last Sickness, 30 days

All the above information should be furnished by the Physician.

Place of Burial, Mt Peters Cemetery T A Ashby **M. D.**

Date of Burial, 11 February Medical Attendant.

Undertaker, Peter Kummer

Place of Business, 317 Mulberry St Address Univ. Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 1772

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1772

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 9 1876 BALTIMORE

Date of Death, February 8th 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ernst. August. Zimmerman

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 5 *Years,* 1 *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City,

Duration of Residence in the City of Baltimore, all his life

Place of Death, {Give street and number.} 36. N. Bond. Str

Cause of Death, First (Primary,) Scarlet Fever —

Second (Immediate,) Ulceration of Submaxillary Gland & Hemorrhage.

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician

Place of Burial, Baltimore Cem'y.

Date of Burial, Feb 10 1876.

Undertaker, H. Hofmann.

Place of Business, 63. N. Eden St.

A. A. Dohme — M. D.
Medical Attendant.

Address 86. S. Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 1995

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7973

The Physician who attended any person in a last Illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 9 1976 BALTIMORE

Date of Death, Feby 8th 1876.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } James Gunn

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, ——— *Years,* ——— *Months,* 2 *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, { Cross out the words not required in this line. } ———

Occupation, ———

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, 2 days

Place of Death, { Give street and number. } N. E. cor Oregon & Scott Sts.

Cause of Death, { First (Primary,) Cyanosis

Second (Immediate.)

Duration of Last Sickness, 1 day

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet cemetery J. A. Nelson M. D.

Date of Burial, Feb 9th 1876 Medical Attendant.

Undertaker, P. Timmerl

Place of Business, 311 Mulberry St. Address 513 Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No.

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7971

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 10 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feb 8th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Louise Maclane

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 73 *Years,* *Months,* *Days.*

Color, White

~~*Married, Single, Widow or Widower.*~~ {Cross out the words not required in this line.} Married

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number.} No 236 Central Avenue

Cause of Death, {First (Primary.) Old Age

Second (Immediate,)

Duration of Last Sickness, 3 Months

All the above information should be furnished by the Physician

Place of Burial, Greenmount Cemetery

Date of Burial, Feb 11th/76

Jno. M. Hemmeon M. D.
Medical Attendant.

{*Undertaker,* Geo Schilling

Place of Business, Cor Lizzie & Monument st *Address* 138 N. Eutaw st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 7975

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7975

The Physician who attended any person in a last Illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 10 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, February 8th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Andrew Glow

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 26 *Years,* — *Months,* — *Days.*

Color, C *Sex,*

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Fireman on Steamship

Birthplace, {State or country (and how long in the United States, if of foreign birth.} New Freedmick Md

Duration of Residence in the City of Baltimore, 11 Years

Place of Death, {Give street and number.} 43 Caroline St

Cause of Death, First (Primary,) Heart Disease (Supposed)

Second (Immediate,)

Duration of Last Sickness, Sudden Death

All the above information should be furnished by the Physician.

Place of Burial, Loyal Rest

Date of Burial, February 10th 76

Undertaker, William H. Lamper

Place of Business, 120 E. Baltimore St.

Charles M. Mott M. D.
Medical Attendant.
Corner Caroline & Bank St.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7976

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH

HEALTH DEPARTMENT FEB 5 1876 BALTIMORE

Date of Death, Feb. 9th 1876,

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Reuben Martin

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 2 *Years,* 2 *Months,* *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt. Md.

Duration of Residence in the City of Baltimore, Since birth,

Place of Death, {Give street and number.} 271 N. Monroe St.

Cause of Death, First (Primary,) Marasmus

Second (Immediate,) Extinction

Duration of Last Sickness, Three months

All the above information should be furnished by the Physician

Place of Burial, Laurel Cemetery

Date of Burial, Feb 11 1876

Undertaker, John C. Gorden

Place of Business, 1163 Park Ave

G. Glanville Peck M. D.
Medical Attendant.

Address Balt. & Mash Sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the ...ian who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight ...fter the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the ... be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and ...ath, except in cases of births and deaths of illegitimate children.

[OVER.]

E T Y ▲ F I L

No. 1 1 [illegible]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7977

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 10 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 8th 76

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Albin Jones

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, *Years,* 5 *Months,* *Days.*

Color, Colored *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 55 Arch St

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 55 Arch St

Cause of Death, First (Primary,) Unknown probably Scrofulous

Second (Immediate,) was not attending it

Duration of Last Sickness, about a month

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feb 10 1876

Undertaker, John C Gordon

Place of Business, No 63 Park Ave

L D Barker M. D.
Medical Attendant.

Address 143 N Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

KODAK SAF

No. 7978

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7978

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 10 1876 BALTIMORE

Date of Death, Feb., 8th, 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Fanny Potthast

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 5 *Years,* 1 *Months,* *Days.*

Color, white *Sex,* female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore, Md.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 337 Eighth st.

Cause of Death, {First (Primary,) Croup

{Second (Immediate,)

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, St. Stephens Cem.

Date of Burial, February 10 1876

H. B. Billingslea M. D.
Medical Attendant.

{*Undertaker,* Keary & Beck

{*Place of Business,* No 309 Central Av. *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7979.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 10 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 9th 1876

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } William L Geiger

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, 75 *Years,* — *Months,* — *Days.*

Color, W *Sex,* M

Married, ~~Single, Widow or Widower~~, { Cross out the words not required in this line. }

Occupation, Farmer

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 24 Years

Place of Death, { Give street and number. } No 4 N Eden

Cause of Death, { First (Primary,) Old Age & Exhaustion / Second (Immediate,) }

Duration of Last Sickness, 1 Year

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery L. Ridgway Brodel M. D.

Date of Burial, Feb 12 Medical Attendant.

Undertaker, H Rieman

Place of Business, 1368 Fayette *Address* No 121 E Balto

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7980

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 10 1876 BALTIMORE

Date of Death, 9th of Feb. 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Margaretha Kamm

~~Sex, Male or~~ Female, {Cross out the word not required in this line.}

~~Years,~~ 1 *Months,* 14 *Days.*

Age,

Color, White

~~Married, Single, Widow or Widower,~~ {Cross out the words not required in this line.}

~~Occupation,~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Bay

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 20 Columbia Ave

Cause of Death, {First (Primary,) Bronchitis capillaris

Second (Immediate,)

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, 10th of February

Date of Burial, Leakin Park

Undertaker, P. Secrest

Place of Business, 35 S. Eutaw St

J. Kahler, M. D.
Medical Attendant.

Address 185 S. Eutaw St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 7951

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7981.

The Physician who attended any person in last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 10 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 9th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Joseph Kehoe

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, *Years,* 10 *Months,* 9 *Days.*

Color, white *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, — since birth

Place of Death, {Give street and number.} 16 Neighbour St

Cause of Death, First (Primary,) — Scarlet fever.

Second (Immediate,) — Abcess

Duration of Last Sickness, — ~~2~~ 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cem

Date of Burial, Feb 10 - 1876

F. E Shatford M. D.
Medical Attendant.

{*Undertaker,* John J Rodenmayer
Place of Business, NE Cor Fremont Ave & Monument St — *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 1991

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7982

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 10 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 9th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Ann Rogers

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 52 Yrs *Years,* ..... *Months,* ..... *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Housekeeper

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Philadelphia Pa.

Duration of Residence in the City of Baltimore, about 10 years

Place of Death, {Give street and number.} 40 East Eager St

Cause of Death, {First (Primary,) Phthisis Pulmonalis

{Second (Immediate,) Dropsy

Duration of Last Sickness, about 6 months.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem'try Thos. S. Latimer M. D.

Medical Attendant.

Date of Burial, February 11th 1876

Undertaker, John H. Weaver *Address* 248 Madison Ave

Place of Business, # 22 W. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 7983

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7983

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 10 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, ~~Mar~~ 10 February 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elisabeth Krieg

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 1 *Years,* 7 *Months,* *Days.*

Color, white *Sex,* female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 70 E. Biddle st.

Cause of Death, First (Primary,) ? Scarlatina

Second (Immediate,)

Duration of Last Sickness, 3 days.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem.

Date of Burial, Feb 11th 1876

Undertaker, H. Schultheis.

Place of Business, No 261 M st.

C Hoffmeier M. D.
Medical Attendant.

Address 57 Asquith.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 7984

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7984

The Physician who attended any person in a last Illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 10 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 8th " 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Caroline Harrison

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, Sixty four *Years,* ——— *Months,* ——— *Days.*

Color, White *Sex,*

Married, ~~Single~~, *Widow* or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Talbot Co Md

Duration of Residence in the City of Baltimore, 35 years

Place of Death, {Give street and number.} 128 N Eutaw Street

Cause of Death, First (Primary,) Erysipelas of nose & scalp.

Second (Immediate,) Meningitis

Duration of Last Sickness, 14 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Feb 11th 1876

Charles A Geyer M. D.
Medical Attendant.

Undertaker, M A L Bowan

Place of Business, E Balto St *Address* 267 Druid Hill Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 7985

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7985

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 10 1876 BALTIMORE

Date of Death, February 8th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Samuel P. Handy

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Eight *Years,* Six *Months,* *Days.*

Color, Colored *Sex,* Male

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 57 Jefferson Street

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 57 Jefferson Street

Cause of Death, First (Primary,) Scarlatina

Second (Immediate,) Pleuro— pneumonia

Duration of Last Sickness, About two weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, February 8th 1876

Undertaker, John W. Locks

Place of Business, 59 S. West St

Milton A. Taylor M. D.
Medical Attendant.

Address 100 E. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 7986

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7986

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 10 1976 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feby 8th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Isa Moore

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, 1 *Years,* *Months,* *Days.*

Color, Black *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Fayette St. Balto.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 164 N. Carolina St

Cause of Death, {First (Primary,) Acute Pl this
Second (Immediate,) 5 mos.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feb 9 76

Undertaker, W. H. Thomas

Place of Business, 198 E Monument

R W. Mansfield M. D.
Medical Attendant.

Address 117 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 7987

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7987

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 10 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb. 8 · 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Elij Hebner

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, — *Years,* 2 *Months,* 21 *Days.*

Color, White *Sex,* —

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 140 S. Caroline St. all a

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 140 S. Caroline

Cause of Death, First (Primary,) Congenital Syphilis

Second (Immediate,)

Duration of Last Sickness, two weeks

All the above information should be furnished by the Physician.

Place of Burial, Trinity Church Cemetery

Date of Burial, Feb 10th 1876 Horace Boucicault M. D.

Medical Attendant.

Undertaker, J. Mc. Frey

Place of Business, 91 Eden Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 7011

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7988

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 10 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 2 Mo. 8th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Laura Ann Rainsberry

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 26 *Years,* 6 Mo. *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, during her whole life

Place of Death, {Give street and number.} 83 N Exeter

Cause of Death, First (Primary,) Congestion Lungs

Second (Immediate,)

Duration of Last Sickness, 4 8 hours

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Feb 11th 1876

Undertaker, Henry H. Hoard

Place of Business, 45 N Gay St

W Riley M. D.

Medical Attendant.

Address 47 Lexington St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 7917

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7989.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 10 1976 BALTIMORE

Date of Death, Feb. 6th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Michael Kelly

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ~~~ *Years,* 1 *Months,* 14 *Days.*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, ~~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} Penna Ave near Wilson St

Cause of Death, {First (Primary,) ..... Second (Immediate,) Convulsions

Duration of Last Sickness, a few hours

All the above information should be furnished by the Physician

Place of Burial, St Peters Cemetery

Date of Burial, Feb 10th 1876

Undertaker, L. L. Chalmers

Place of Business, Penna ave

James A Kenealy M. D.

~~Medical Attendant~~

Address Commrs of Health Registrar.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by L. L. Chalmers

[OVER.]

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7990

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 10 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb. 8th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles A. Murphy

Sex, Male or Female, {Cross out the word not required in this line,} Male

Age, 3 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore, Md

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 157 S. Chester St.

Cause of Death, First (Primary,) Pseudo-Membranous Croup

Second (immediate,)

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician

Place of Burial, Holy Cross Cemetery

Date of Burial, Feb 10 1876

Undertaker, James S Byrne

Place of Business, No 63 Front St

James S. Hawe M. D.
Medical Attendant.

Address 254 Eastern Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 7991

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7991.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 10 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Ann Theresa Welch Feby 9th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Ann Theresa Welch

~~*Sex, Male,*~~ *or Female,* {Cross out the word not required in this line.}

Age, 2 *Years,* 3 *Months,* *Days.*

Color, White *Sex,* Female

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} Market Place

Cause of Death, {First (Primary,) Whooping Cough / Second (Immediate,) Pneumonia

Duration of Last Sickness, Two Weeks

All the above information should be furnished by the Physician.

Place of Burial, St Patricks Cemetery

Date of Burial, Feb 11 1876

{*Undertaker,* James P Byrne / *Place of Business,* No 63 W Front St

Chas A Donovan *M. D.*
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 1700

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 79921

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 10 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 9th 1876

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } P McCormick

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 50 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Married

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Ireland unknown

Duration of Residence in the City of Baltimore, unknown

Place of Death, { Give street and number. } No 19 Butler St

Cause of Death, { First (Primary,) } Apoplexy

{ Second (Immediate,) } 5 hours

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, H Peter's Cemetery

Date of Burial, Feb 11 1876

{ *Undertaker,* James & Byrne

{ *Place of Business,* No 63 W Fayette St

O S Shaw *M. D.*

Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 7993

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7993,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 10 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 10th, 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ann E. Brown

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 65 *Years,* — *Months,* — *Days.*

Color, White *Sex,* Female,

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Washington City

Duration of Residence in the City of Baltimore, 6½ yrs.

Place of Death, {Give street and number.} 150 Lombard St.,

Cause of Death, {First (Primary,) Pleuro-pneumonia,
Second (Immediate,) Pleuro-pneumonia

Duration of Last Sickness, about 8 days

All the above information should be furnished by the Physician.

Place of Burial, Washington D.C.

Date of Burial, Feb 11th 1876

{*Undertaker,* Joseph Evans
Place of Business, N. Bald St.

Elias C. Price & Son M. D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

(Transit Book)

No. 7994

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7994

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 10 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 10 Feb 76

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Friederich Jaeglein

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} ..... *Days.*

Age, 47. *Years,* 1 *Months,*

Color, White *Sex,*

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Blacksmith

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Wuerttemberg (Germany)

Duration of Residence in the City of Baltimore, 20 Years

Place of Death, {Give street and number.} 150 North High st.

Cause of Death, {First (Primary,) Phthysis

{Second (Immediate,) Hamorrhage

Duration of Last Sickness, two weeks

All the above information should be furnished by the Physician.

Place of Burial, Balto. Cemetery *M. D.*

Date of Burial, 12 Feby *Medical Attendant.*

{*Undertaker,* Wm Nicolaus *Address* 120 East st.

{*Place of Business,* 253 Aliceanna st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 7003

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7995.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 10 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 9. 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Matthias Sumler

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 49 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Cooper

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Bavaria

Duration of Residence in the City of Baltimore, 26 years

Place of Death, {Give street and number.} 60 N. Schroeder

Cause of Death, {First (Primary,) Phthisis Pulmonalis

{Second (Immediate.) 5 Months

Duration of Last Sickness,

All the above Information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, February 11th 76.

Geo L. Rice M. D.
Medical Attendant.

Undertaker, P. Rommel

Place of Business, 11 Mulberry St. *Address* 62 Park Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 7996.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7996

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 10 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 2nd mo 10th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie Zimmerman.

Sex, Male or Female, {Cross out the word not required in this line.} Female.

Age, 4 *Years,* 2 *Months,* *Days.*

Color, White *Sex,* Female.

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Child

Occupation, Child

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 48 St Peter St.

Cause of Death, First (Primary,) Convulsions.

Second (Immediate,)

Duration of Last Sickness, 18 hours

All the above information should be furnished by the Physician.

Place of Burial, St Pauls Cemetery

Date of Burial, Feb 11 1876

W Riley M. D.
Medical Attendant.

Undertaker, P. L. Dill

Place of Business, Columbia Ave *Address* 47 Lexington St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

7997

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7997

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 10 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feby 9. 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Milcah Johnson

~~*Sex, Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 86 *Years,* — *Months,* — *Days.*

Color, Colored *Sex,* Female

~~*Married, Single,*~~ *Widow or* ~~*Widower,*~~ {Cross out the words not required in this line.}

Occupation, Housekeeper.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Harford Co. Md

Duration of Residence in the City of Baltimore, 2 Months

Place of Death, {Give street and number.} 37 orchard street

Cause of Death, First (Primary,) Old age

Second (Immediate,) Genl debility

Duration of Last Sickness, a week

All the above information should be furnished by the Physician.

Place of Burial, Abington

Date of Burial, February 11th 1876

J. R. Page M. D.
Medical Attendant.

Undertaker, Jacob Weaver

Place of Business, Nos 4 & 6 Druid Hill Ave *Address* 220 Linden Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

(Transit 346)

No. 7998

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7998

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB. 11 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feb. 10. 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Robt. Noah Maguire,

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 9 *Years,* 1 *Months,* 16 *Days.*

Color, W. *Sex,* M.

Married, Single, ~~Widow or Widower,~~ {Cross out the words not required in this line.}

~~Occupation~~,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 128 Druid Hill Ave

Cause of Death, {First (Primary,) Scarlet Fever

{Second (Immediate,)

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, Feb 11

{Undertaker, C. H. Blizzard

{Place of Business, 187 Fawn

Address 247 Fawn

J. L. Ogle M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

~~No. 247 Fawn Street~~

No. 1999

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7999

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 11 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, late Feb: 9th 1876

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Foundling

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, Years, 2/2 Months, Days.

Color, White *Sex,*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Balt md

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } Infant Asylum Cor Gilmore & Prestman

Cause of Death, { First (Primary,) Patent Foramen ovale
Second (Immediate,) Convulsions

Duration of Last Sickness, 2 or 3 days

All the above information should be furnished by the Physician.

Place of Burial, Feb 11.

Date of Burial, Mount Olivet

Undertaker, C W Blizzard

Place of Business, 187 Lanvale St

Thos S Latimer M. D.
Medical Attendant.

Address 248 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 5000

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 8000

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 11 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 10th

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } William Wilson Hance

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, 14 *Years,* 3 *Months,* 11 *Days.*

Color, white *Sex,*

Married, Single, ~~Widow or Widower~~, { Cross out the words not required in this line. }

Occupation, schollboy

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Hill view Calvert Co Md

Duration of Residence in the City of Baltimore, 3 months

Place of Death, { Give street and number. } 52 Conway Street

Cause of Death, { First (Primary,) Atrophia of the heart
Second (Immediate,) morbus Brightii, uraemic convulsions

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Calvert Co. Md

Date of Burial, Feb 13th 1876

Henry Salyer M. D.
Medical Attendant.

{ *Undertaker,* Mr. Maher
{ *Place of Business,* Ba. Platt & Camden *Address* 165 W. Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.

(347 transit)

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8001

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB. 11 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 9th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named give names of parents.} Columbus Brown

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 17 *Years,* ..... *Months,* ..... *Days*

Color, Black

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, Porter

Birthplace, {State or country (and how long in the United States, if of foreign birth} Baltimore County, Md

Duration of Residence in the City of Baltimore, two months

Place of Death, {Give street and number} 125 E Eager

Cause of Death, {First (Primary,) Diabetes Mellitus

{Second (Immediate,) Anaemia following Ischuria Renalis

Duration of Last Sickness, about nine days

All the above information should be furnished by the Physician

Place of Burial, Saint V. in Westminster D. Webster Cantrell M.D.

Medical Attendant

Date of Burial, Feb 11 1876

Undertaker, William Monger

Place of Business, No 10 E Eager St *Address* 120 Eager St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 800

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who atte[illegible] in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or o[illegible]ending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, [illegible]w.

NO PERMIT [illegible] CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 11 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feby 10 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Marion Barnett

~~*Sex, Male or Female,*~~ {Cross out the word not required in this line.}

Age, 5 *Years,* *Months,* *Days.*

Color, Mulatto *Sex,* Female

~~*Married, Single,*~~ *Widow or Widower,* {Cross out the words not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto —

Duration of Residence in the City of Baltimore, 5 yrs

Place of Death, {Give street and number.} Cor Calvin & Fremont Sts

Cause of Death, {First (Primary,) Phthisis. Second (Immediate,)

Duration of Last Sickness, 2 yrs

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery Jno. M. Eastman M. D.

Date of Burial, Feb 11 76 Medical Attendant.

Undertaker, [illegible] Case

Place of Business, [illegible] Howard St *Address* 345 Lock

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it [illegible]y of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his no[illegible]rnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8003,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 11 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 10th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles E. McDonald

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ____ *Years,* Four *Months,* Seventy *Days.*

Color, White

~~Married~~, *Single,* ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Four months & Seventy days

Place of Death, {Give street and number.} Hanover Street No 256

Cause of Death, First (Primary,) Natural

Second (Immediate,) Convulsions

Duration of Last Sickness, Four days

All the above information should be furnished by the Physician

Place of Burial, Western Cem.

Date of Burial, Feb 12th 1876

Undertaker, Charles Koehler

Place of Business, Cor Sharp & Cross sts,

J. K. Riley M. D.
Medical Attendant.

Address 25-2 Hanover Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 8004,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB. 11 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 10th 76

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ann Mackey

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, About 68 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, ~~Single, Widow or Widower~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 34 Years ~~Saratoga~~ 13 Saratoga St.

Place of Death, {Give street and number.}

Cause of Death, First (Primary,) Typhoid Pneumonia

Second (Immediate,) about 2 weeks

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, New Cath. Cem.

Date of Burial, 12th Feb. 1876

Undertaker, A. W. Jenkins & Son

Place of Business,

Felix Scullin M. D.
Medical Attendant.

Address 148 Mulberry St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8005

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 11 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 10th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Agnes Dailey

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 2 *Years,* *Months,* 5 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth)} Balto —

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 202 Columbia

Cause of Death, First (Primary,) Bronchitis

Second (Immediate,)

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician

Place of Burial, St Peters

Date of Burial, February 11

Undertaker, S B Cook

Place of Business, 707 West Baltimore

Edwd F. Michael M. D.
Medical Attendant.

Address 279 W. Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8006

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, February Fourth 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Reuben Trowbridge

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 86 *Years,* 5 *Months,* 26 *Days.*

Color, White

~~*Married, Single, Widow or*~~ *Widower,* {Cross out the words not required in this line.}

Occupation, Carpenter

Birthplace, {State or country (and how long in the United States, if of foreign birth)} Boston, Mass:

Duration of Residence in the City of Baltimore. About Sixty years

Place of Death, {Give street and number.} N.W. Cor of Lexington and Paca Sts

Cause of Death, First (Primary.) Old age

Second (Immediate.) Hematuria Senilis

Duration of Last Sickness, about three weeks

All the above Information should be furnished by the Physician

Place of Burial, Green Mount Cemetery

Date of Burial, Feby. 12th 1876

Undertaker, Chas. A. Bowden

Place of Business, No 520 W. Baltimore St

James Armitage M. D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8007

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 11 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, February 10th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Samuel Voyce

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 7 *Years,* 2 *Months,* 17 *Days.*

Color, white *Sex,* male

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 213 N. Bond St.

Cause of Death, First (Primary,) Malignant Scarlet Fever

Second (Immediate,) Hemorrhage from Lungs

Duration of Last Sickness, 17 days.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery Chas. J. Kreeber M. D.

Date of Burial, Feb 12/76 Medical Attendant.

Undertaker, [illegible]

Place of Business, 54 N. Broadway *Address* 222 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8008

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 10 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb. 10 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Parents Thomas Gaines & Elizabeth Gaines

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ——— *Years,* 7 *Months,* ——— *Days.*

Color, Blk

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore. Life

Place of Death, {Give street and number.} 125 X Alley

Cause of Death, First (Primary,) Diphtheria

Second (Immediate,) Cold. Relapse

Duration of Last Sickness, 2 Weeks

All the above information should be furnished by the Physician.

Place of Burial, W. Potters Field

Date of Burial, Feb 11 1876

Undertaker, M. H. C. Peary

Place of Business, Pratt St

James A Steuart M. D.
(Signature of Physician.)

Address Commis of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Mary E. Davis Friend

[OVER.]

No. 8009

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8009.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 11 1976 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February the 9th 8 Oclock p m.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Dollie ~~Mary~~ Mary

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 27. *Years,* *Months,* *Days.*

Color, white *Sex,*

Married, ~~Single~~, *Widow or Widower,* {Cross out the words not required in this line.}

Occupation, 0

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 27 Years.

Place of Death, {Give street and number.} 566 Saratoga Street.

Cause of Death, First (Primary,)

Second (Immediate,) Consumption

Duration of Last Sickness, Six Months

All the above information should be furnished by the Physician.

Place of Burial, London Parkhometer

Date of Burial, February 11th 76

John J. Litter M. D.
Medical Attendant.

Undertaker, M. T. Dill

Place of Business, 183 Columbia Av. *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 8010

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8010

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 11 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 9th 76

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Daniel Sheehan

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 45 *Years,* *Months,* *Days.*

Color, white

Married, ~~Single, Widow~~ or Widower, {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland 20 25 years in U S

Duration of Residence in the City of Baltimore, 25 years

Place of Death, {Give street and number.} North St between Centre & Monument St run over by Locomotive 1100

Cause of Death, {First (Primary,) / Second (Immediate,)} sudden death

Duration of Last Sickness,

All the above information should be furnished by the Physician

Place of Burial, Govans Town

Date of Burial, February 11th 1876

Undertaker, Jacob Hearn

Place of Business, 1054 & 6 Druid Hill Ave *Address*

Edmund Walker M. D.
Medical Attendant.
Coroner M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 8011

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8011

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 11 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 10th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jesse H. Magruder

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 74 *Years,* 6 *Months,* 13 *Days.*

Color, White *Sex,*

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.} Married

Occupation, Lawyer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Prince Georges Md

Duration of Residence in the City of Baltimore, 45 Years

Place of Death, {Give street and number.} 168 Druid Hill Ave

Cause of Death, First (Primary,) Organic Disease of the Heart

Second (Immediate,)

Duration of Last Sickness, 4 months

All the above Information should be furnished by the Physician.

Place of Burial, Green Cemetery J H Adams M. D.

Medical Attendant.

Date of Burial, Feb 12th

Undertaker, Jacob Weaver

Place of Business, 4 & 6 Druid Hill Ave Address 215 Druid Hill Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

FILM

No. 8012

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8012

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 11 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 10 February

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Edward Keefer

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 3 *Years,* 4 *Months,* *Days.*

Color, white *Sex,* male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 84½ Caroline St.

Cause of Death, First (Primary,) Scarlatina

Second (Immediate.)

Duration of Last Sickness, 1 Day

All the above information should be furnished by the Physician.

Place of Burial, St. Mathai Semt.

Date of Burial, Feb 11 1876

Undertaker, H. Hoffmann

Place of Business, 63 N. Eden St. *Address* 57 Aisquith

Hoffmann M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

SAFETY FILM

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8013

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 11 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feby 10th 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Israel Goresmire

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, Three *Years,* One *Months,* Eight *Days.*

Color, White *Sex,* Male.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 139 Little Green St

Cause of Death, {First (Primary,) Scarlatina / Second (Immediate,) Diphtheritis

Duration of Last Sickness, 6 Days.

All the above information should be furnished by the Physician.

Place of Burial, Balto Hebrew Cemetery Belair Road

Date of Burial,

Undertaker, W. F. Eclar

Place of Business, Gough Street *Address* 329 S. Sharp St

S. W. Elder M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

KODAK

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS..

Permit No. 8014.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 11 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 9th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jno W. C. Smith

Sex, Male or Female, {Cross out the word not required in this line.} Male —

Age, 57 *Years,* 5 *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Shoemaker

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 25 years

Place of Death, {Give street and number.} 35 Hanover St

Cause of Death, First (Primary,) Pneumonia

Second (Immediate,) 15 days

Duration of Last Sickness,

All the above information should be furnished by the Physician

Place of Burial, Western Cem

Date of Burial, Feb 11th 1876

Undertaker, Julius Koehler

Place of Business, Cor Sharp & Cross sts

Edwd F. Michaelis M. D.
Medical Attendant.

Address 279 W. Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of Illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 8015

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 11 1976 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feby 10. 96

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Frank Gill

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, *Years,* 14 to 16 *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, all its life

Place of Death, {Give street and number.} 417 W Pratt St

Cause of Death, First (Primary,) (Used to have Milk crust)

Second (Immediate.) Do not know have not seen child for 9 mo

Duration of Last Sickness, Don't Know

All the above information should be furnished by the Physician.

Place of Burial, Mosher Cemetery

Date of Burial, Feby 10th 1896

Undertaker, John S Mosher

Place of Business, 150

W. F. A. Krug M. D.
Medical Attendant.

Address 56 N Green St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8011

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 11 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 9th 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Harriet Brooks

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 19 *Years,* ——— *Months,* ——— *Days.*

Color, Colored *Sex,*

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.} ~~Girl~~

Occupation, Waitress

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Leonardtown St Mary's Co Md

Duration of Residence in the City of Baltimore, Eleven years

Place of Death, {Give street and number.} No 75 Dover Street.

Cause of Death, First (Primary,) Tuberculosis

Second (Immediate,) Cachectic Anamia.

Duration of Last Sickness, Six months.

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral cemetery

Date of Burial, Feb 11th 1876

Undertaker, Wm Power Jr

Place of Business, 65 Hanover St

H H Starr M. D.
Medical Attendant.

Address 81 & 83 Liberty Street.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8017

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 11 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 9 — 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Laura Young

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, One *Years,* Three *Months,* *Days.*

Color, Fair *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number.} 68 Patton Alley

Cause of Death, {First (Primary,) Consumption

{Second (Immediate.)

Duration of Last Sickness, About three months.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery D. G. Rieur M. D.

Date of Burial, Feby 11th 1876 Medical Attendant.

{*Undertaker,* Wm Keene Jr

{*Place of Business,* 63 Wesley St *Address* 69 McClure

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8018.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 11 1976 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 11th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Bessie Ida Miller

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 15 *Years,* 6 *Months,* *Days.*

Color, White *Sex,*

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 85 St Paul St

Cause of Death, First (Primary,) Cerebritis

Second (Immediate.)

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cem'tery Thomas Shearer M. D.

Date of Burial, February 13th 1876 Medical Attendant.

Undertaker, John S. Weaver

Place of Business, 422 N. Fayette St Address 97 E. Chase St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8019

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 11 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, February 11th 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Sommer

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 15 *Years,* 4 *Months,* *Days.*

Color, *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} S. Sharp Str. No 291

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 291 S. Sharp Street

Cause of Death, {First (Primary,) Contusion of the abdomen by a cloveter ~~Second (Immediate,)~~} accidently.—

Duration of Last Sickness, (12 hours)—

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetry

Date of Burial, Febuary 13th 1876

Adolph Boehm, M. D.
Medical Attendant.

Undertaker, Ph. J. Dill

Place of Business, 183 Columbia Av *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to that of the Board on this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8020

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 11 1876 HEALTH DEPARTMENT BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 11th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Frederick Prager (Prager)

Sex, Male or Female, {Cross out the word not required in this line.} .....

Age, 57 *Years,* ~~7~~ *Months,* *Days.*

Color, White *Sex,* Male

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Machinist

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number.} 312 N. Bond St

Cause of Death, {First (Primary,) Hydrothorax

Second (Immediate.) from

Duration of Last Sickness, about six weeks

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Feb 13th

{*Undertaker,* H. Timmerman & Son

Place of Business, 838 N. Howard

R. R. McKnew M. D.
Medical Attendant.

Address 582 N. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8021,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 11 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feby 11th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Micheal Kapplen

~~*Sex, Male or Female,*~~ {Cross out the word not required in this line.}

Age, 45 *Years,* *Months,* *Days.*

Color, white *Sex,*

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Foreman at Saw Mill

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 20 yrs.

Place of Death, {Give street and number.} 276 Eastern ave.

Cause of Death, First (Primary,) Concussion of the Stomach from injury

Second (Immediate,)

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Ct Carmel Cemetery

Date of Burial, February 13th 2 p m

Undertaker, Henry Snyder.

Place of Business, 183 Eastern Ave. *Address* 112 S. Broadway

Dr. R. W. Mansfield *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8022

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Febuary 10th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Barbara Ulrick

Sex, ~~Male~~ / *Female,* {Cross out the word not required in this line.} Female

Age, — 35 — *Years,* — *Months,* — *Days.*

Color, — White —

Married, ~~Single, Widow, Widower~~, {Cross out the words not required in this line.} — Married —

~~Unknown~~,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} — Bavaria —

Duration of Residence in the City of Baltimore. Thirty Years

Place of Death, {Give street and number.} No 298 Aliceanna St

Cause of Death, First (Primary,) — Septicemia —

Second (Immediate,)

Duration of Last Sickness, Thirteen days

All the above Information should be furnished by the Physician

Place of Burial, St Michel Cemitary

Date of Burial, Feb 12th 1876

Undertaker, Franz Cramer

Place of Business, 319 Canton ave

Thomas D. Evans M. D.
Medical Attendant.

Address No 18 Jackson Square

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8023

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 12 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 11th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ann Maria Davis

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, Forty Two *Years,* —— *Months,* —— *Days.*

Color, Colored —— *Sex,* Female

~~*Married,* *Single,*~~ *Widow* ~~or Widower~~, {Cross out the words not required in this line.}

Occupation, Laundress

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore Since birth

Place of Death, {Give street and number.} 40 Davis St

Cause of Death, {First (Primary,) Apoplexy

Second (Immediate,) Uremia

Duration of Last Sickness, ——

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feb 13 76

Thomas Sappington M. D.
Medical Attendant.

{*Undertaker,* W. H. Chase

Place of Business, 18 S. Howard St

Address 70 Centre St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 8021

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB. 12 1876 BALTIMORE

Date of Death, February 10th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Aaron Johnson

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 78 *Years,* *Months,* *Days.*

Color, ad *Sex,* male

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Talbot Co Md

Duration of Residence in the City of Baltimore, about half his life time

Place of Death, {Give street and number.} 23 Arch St

Cause of Death, First (Primary,) Senn Colic

Second (Immediate,) Pneumonia

Duration of Last Sickness, Ten days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feb 13 76

Undertaker, S W Chase

Place of Business, 161 Hanover st

W Hammond M. D.
Medical Attendant.

Address 53 N Paca St Balt

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 8025. OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 12 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 10th February 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} J. Estelle Fisk

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 7 *Years,* 5 *Months,* 13 *Days.*

Color, White ~~Sex,~~

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} ~~Balto City~~ Cecil Co Md

Duration of Residence in the City of Baltimore, ~~Lifetime~~ 7 years

Place of Death, {Give street and number.} 157 Barre St.

Cause of Death, {First (Primary,) Scarlet Fever

{Second (Immediate,)

Duration of Last Sickness, Five days

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cem

Date of Burial, Feb. 13th 1876

{*Undertaker,* W A Daiger

{*Place of Business,* 794 B'way

H. W. Owings *M. D.*
Medical Attendant.

Address 166 W. Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8026

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 12 1976 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 10 76

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Geo: W. Remley

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 57 *Years,* 2 *Months,* 28 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Horse Carpenter

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Lancaster Pa

Duration of Residence in the City of Baltimore, 30 yrs 7 m

Place of Death, {Give street and number.} 352. E. Mon. St. Balt

Cause of Death, First (Primary,) Consumption

Second (Immediate,) "

Duration of Last Sickness, 4 months

All the above Information should be furnished by the Physician.

Place of Burial, Greenmount Cem

Date of Burial, Feb. 12th, 76

Undertaker, M. A. Daufer

Place of Business, 74. S. Broadway *Address* 108 Lancaster Balt

F. Hinkelman M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8027

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 12 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 10 76

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Paul L. Constantine

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 2 *Years,* 4 *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, child

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto Co

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 394 E. Baltr.

Cause of Death, {First (Primary,) Consumption

{Second (Immediate,) "

Duration of Last Sickness, 18 months

All the above information should be furnished by the Physician.

Place of Burial, St. Patricks Cemetery

Date of Burial, Feb. 14th 1876

F. Donnelan M. D.
Medical Attendant.

{*Undertaker,* H. A. Dayer

{*Place of Business,* 745 S. Bond

Address 108 Patterson

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8028

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 12 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 11th 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George Taylor Speedden

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ——— *Years,* Ten *Months,* 8 *Days.*

Color, White *Sex,* Female

Married, Single, ~~Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. Md.

Duration of Residence in the City of Baltimore, Whole Life

Place of Death, {Give street and number.} No 4 Neighbor St

Cause of Death, First (Primary,) Croup

Second (Immediate,)

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Feb 13 1876

Undertaker, Parents

Place of Business, ———

Silas N. Hunter M. D.
Medical Attendant.

Address 111 Greenmount Av.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 8029

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 8029

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
FEB 12 1976
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 16th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Geo Davis Jr't Emma Davis } Parents

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ____ *Years,* ____ *Months,* 8 *Days.*

Color, White *Sex,* ____

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ____

Occupation, ____

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, ____

Place of Death, {Give street and number.} 497 ~~Hanover~~ Franklin

Cause of Death, First (Primary,) Infantile (wasting from birth

Second (Immediate,) asthenia

Duration of Last Sickness, ____

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Feb 13th 1876

D. P. Hoffman M. D.
Medical Attendant.

Undertaker, I. B. Cook

Place of Business, W. Balto St *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 8030

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8030.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 12 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 11th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Martha May Johnson

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, *Years,* 2 *Months,* 22 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 2 Yrs Mo & 22 days

Place of Death, {Give street and number.} 1 Garden al-

Cause of Death, First (Primary,) Convulsions

Second (Immediate,) Effusion of Brain

Duration of Last Sickness, about 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, Feb 13th 1876

Undertaker, Chas T Scriven

Place of Business, 271 N. Eutaw st *Address* 261 Madison Avenue

Jno Nelson **M. D.**

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 8091

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 12 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 11.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Susan Middlecoat

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 28 *Years,* 10 *Months,* 18 *Days.*

Color, White *Sex,* Female

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 10 Years

Place of Death, {Give street and number.} 249 Montgomery

Cause of Death, First (Primary,) Phthisis

Second (Immediate,)

Duration of Last Sickness, 3 Years

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County & Penford Cem'ty

Date of Burial, Feb 13th 1876

M. D.
Medical Attendant.

Undertaker, C. F. Krause

Place of Business, 209 Hanover St *Address* 146 Hanover

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

8032

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8032

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 12 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 12th 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lillie May Taylor

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 10 *Years,* 10 *Months,* 22 *Days.*

Color, White *Sex,* female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Her whole life

Place of Death, {Give street and number.} 168 Dolphin St

Cause of Death, First (Primary,) Albuminuria dropsy

Second (Immediate,) congestion Chest & Brain

Duration of Last Sickness, Has been sick 18 months last attack ill nine days

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, Feb 13 1876

W H Hammond M. D.
Medical Attendant.

Undertaker, C. H. Blizzard

Place of Business, 187 Lanvale St

Address 53 N Pace St Balt

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 3033

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8033

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 12 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feby 11. 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Claude Smoot

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 4. *Years,* *Months,* *Days.*

Color, White *Sex,* Male.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, 4 Yrs

Place of Death, {Give street and number.} 341 Franklin St. Balt

Cause of Death, First (Primary,) Typhoid Fever

Second (Immediate,)

Duration of Last Sickness, 14 days

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery J. Atkinson M. D.

Date of Burial, 13th Feby Medical Attendant.

Undertaker, Jas. Loane

Place of Business, 568 W. Balto. *Address* 519 N. Charles St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 8034

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8034,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 12 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feby 11 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John W Rhules

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ~~Years~~, ~~Months~~, 18 *Days.*

Color, White. *Sex,* Male.

~~Married~~, ~~Single~~, Widow or Widower, {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City Md

Duration of Residence in the City of Baltimore, all Lifetime

Place of Death, {Give street and number.} No 3 Bell Al

Cause of Death, First (Primary,) Congestion

Second (Immediate.)

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Lane Cemetery

Date of Burial, Feby 12

Undertaker, W. V Lunger

Place of Business, East No 104 Al

F Monk *M. D.*

Medical Attendant.

Address No 23 Balt st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 5033

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8035

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 12 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 11th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Catherine Gant

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 80 *Years,* — *Months,* — *Days.*

Color, Colored —

Married, Single, Widow or Widower, {Cross out the words not required in this line.} widow.

Occupation, — widow

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Bladensburg. Md —

Duration of Residence in the City of Baltimore, Fifty Years —

Place of Death, {Give street and number.} 27. Little Wadsworth —

Cause of Death, {First (Primary,) old age —
Second (Immediate,) " " & Asthma.

Duration of Last Sickness, about one week

All the above information should be furnished by the Physician

Place of Burial, Laurel Cemetery

Date of Burial, February 13th 1876

{*Undertaker,* F. A. Langer
Place of Business, 11 & 14 East St.

C. A. Doune. *M. D.*
Medical Attendant.

Address 86 S. Fayette

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...of all Permits for Burials

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8036

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 12 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 11th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Cyrina Sutton

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Supposed, 55 *Years,* *Months,* *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Cook

Birthplace, {State or country (and how long in the United States, if of foreign birth)} Carroll Co Md

Duration of Residence in the City of Baltimore, 6 Months

Place of Death, {Give street and number.} 158 Townsend st

Cause of Death, {First (Primary,) / Second (Immediate,)} Debility, instrumental Death from Natural causes

Duration of Last Sickness,

All the above information should be furnished by the Physician

Place of Burial, Balto Co Md

Date of Burial, Feb 13 1876

Undertaker, Louis Hebbler

Place of Business, Balto Co

Geo E Hyde Coroner M. D.
Medical Attendant.

Address 229 Cary st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

(Transit 3-48)

[OVER.]

No. 3[illegible]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8037

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 2 1876 BALTIMORE

Date of Death, February 11th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Frank A Bruguiere

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Thirty *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} New York

Duration of Residence in the City of Baltimore, four months

Place of Death, {Give street and number.} N 15 Cathedral St

Cause of Death, First (Primary,) —

Second (Immediate,) Phthisis Pulmonalis

Duration of Last Sickness, about three year

All the above information should be furnished by the Physician.

Place of Burial, New York City

Date of Burial,

H Whatley M. D.
Medical Attendant.

Undertaker, Hugh Jenkins & Son

Place of Business, 16 Light St *Address* N 114 Park Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Transit 349

No. 8039

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 8038

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 2 1876 BALTIMORE

Date of Death, Feb 11th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henry Little Hamm

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 6 *Years,* 4 *Months,* 17 *Days.*

Color, White *Sex,* Male

~~Married~~, Single, ~~Widow or Widower~~. {Cross out the words not required in this line.}

Occupation, — — — —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 76 N Eutaw St

Cause of Death, First (Primary,) Scarlet fever

Second (Immediate.) Oedema of the lungs

Duration of Last Sickness, four weeks

All the above information should be furnished by the Physician.

Place of Burial, Louden Park Cemetery

Date of Burial, February 13th 1876

Undertaker, C. H. Blizzard

Place of Business, 66 Etting Street

Thos S Pennington M. D.
Medical Attendant.

Address 210 Franklin st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8039.

The Physicinn who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 12 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feb 11th 876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Marks

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ____ *Years,* 7 *Months,* 9 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 7 months & 9 days

Place of Death, {Give street and number.} 278 E Gay St

Cause of Death, First (Primary,) Pneumonia

Second (Immediate,)

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Feb 13th 1876

Undertaker, Henry H. Mears

Place of Business, 415 N Gay St *Address* 134 N. High St

W. F. Cayler — M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8040

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 2 1876 BALTIMORE

Date of Death, Feb 12 . 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James Moran

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 3 *Years,* 9 *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} St Louis, Missouri

Duration of Residence in the City of Baltimore. Four months

Place of Death, {Give street and number} 76 Bond St

Cause of Death, {First (Primary.) Second (Immediate,)} Scarlatina

Duration of Last Sickness, Four days

All the above information should be furnished by the Physician

Place of Burial St Johns Cemetery

Date of Burial, Feb 13th 1876

Undertaker, C F Krause

Place of Business 209 Hanover

S Knickerbocker M. D.
Medical Attendant.

Address 154 Chapel

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8041

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 12 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Febry 12th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Michael Costigan

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 65 *Years,* *Months,* *Days.*

Color, White *Sex,*

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, ———

Place of Death, {Give street and number.} St. Joseph's Hospital Cor Caroline & Hoffman Sts

Cause of Death, First (Primary,) Concussion of Brain

Second (Immediate.) Shock

Duration of Last Sickness, About 6 hrs.

All the above information should be furnished by the Physician.

Place of Burial, St. Vincents Cemetery

Date of Burial, Feb 13th 1875

Undertaker, Seiles

Place of Business, ———

Oscar J Cotton M. D.

Medical Attendant W. J Lockwood for M D

Address St Joseph's Hospl

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 8042

The Physician who attended any person in a last illness is responsible for the presentation of this certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 12 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 12th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} B C Hanson

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 52 *Years,* *Months,* *Days.*

Color, White

~~*Married*~~, ~~*Single,*~~ *Widow* ~~*or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} B City

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number.} 56 N Liberty

Cause of Death, {First (Primary,) Pericarditis

Second (Immediate,) Dropsy -

Duration of Last Sickness, 5 weeks

All the above information should be furnished by the Physician

Place of Burial, Baltimore Cemetery

Date of Burial, Feb 13th 1876

Undertaker, John S Crocker

Place of Business, No 150 Camden

I H Causey M. D.
Medical Attendant.

Address 76 E Pratt St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8014.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 13 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 11th February 1876 5 o'clock afternoon

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lizzie Reisinger

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, — *Years,* — *Months,* 26 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore. during lifetime

Place of Death, {Give street and number.} E. Baltimore Street - 193.

Cause of Death, First (Primary.) Pneumonia

Second (Immediate,) Convulsions.

Duration of Last Sickness, 5 days.

All the above Information should be furnished by the Physician.

Place of Burial, Green E. Lutheran Cem.

Date of Burial, Sunday 15th 9. A. M.

William Henkel M. D.
Medical Attendant.

Undertaker, Richd. J. Hall

Place of Business, 233 E. Balto. St. *Address* S. Wolfe & Hs.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

8044

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 80464

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 19 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 11th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Margaret Jones

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 14 *Years,* 6 *Months,* *Days.*

Color, Color

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 32 Eutaw Lane -

Cause of Death, {First (Primary,) Malarial Disease of the Heart -

{Second (Immediate,)

Duration of Last Sickness, Four years

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feb 13 76

Undertaker, Conrad Gibbons

Place of Business, 17 S Howard

P Leaning Price *M. D.*
Medical Attendant.

Address 9 Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 8015

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8015

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 15 1876 BALTIMORE

Date of Death, Baltimore February 11. 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Hezekiah Wilson

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Sixty Six *Years,* Eight *Months,* *Days.*

Color, Colored

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} Married

Occupation, Waiter

Birthplace, {State or country (and how long in the United States, if of foreign birth)} Baltimore Maryland

Duration of Residence in the City of Baltimore, Resident

Place of Death, {Give street and number.} No 716 Howard St

Cause of Death, First (Primary,) Gouty Rheumatism

Second (Immediate,) Emphysema et Hypostasis

Duration of Last Sickness, Twenty Three Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feb. 14, 76

Undertaker, [illegible]

Place of Business, [illegible]

L. D. Dyer *M. D.*
Medical Attendant.

Address No. 146 Hill St
Baltimore Md

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 8046

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8046

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

RECEIVED FEB 13 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb. 12th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles Albert Seibert

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Years, 0 Months, Twenty-four (24) Days.

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth)} Balto. City

Duration of Residence in the City of Baltimore. Since birth

Place of Death, {Give street and number.} No. 259 Bank Street

Cause of Death, {First (Primary.) / Second (Immediate,)} Marasmus

Duration of Last Sickness, Since birth

All the above information should be furnished by the Physician

Place of Burial, Luthern Cem.

Date of Burial, Feb. 13th 1876

Undertaker, Shoe

Place of Business, Alice Ann 19

G. L. Wilkins M. D.
Medical Attendant.

Address 69 S. Broadway.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8047

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
FEB 13 1876
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Febr. 13th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ella E. K.

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* 8 *Months,* *Days.*

Color, white *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} No 10 N. Fredrk St Balt. Md.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 13 N. Fredrk St

Cause of Death, First (Primary,) Laryngitis

Second (Immediate,) Throat trouble

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery.

Date of Burial, Feb 14. 1876

Undertaker, H. Hofmann.

Place of Business, 63 N. Eden St.

G. Liebmann M. D.
58 N Front St Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

T Y ▲ F I L M

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8048

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 13 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb. 12th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Infant Josiah Cole

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* / *Months,* / *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} No 2 Vine street

Cause of Death, {First (Primary,) / Second (Immediate,)} Unknown

Duration of Last Sickness, Life ~~time~~ from ~~time born~~ birth

All the above information should be furnished by the Physician

Place of Burial, Laurel Cem.

Date of Burial, Feb 13. 1876

Undertaker, Sam. S. Chase

Place of Business Ca. Hills Howard

Samuel Hunt M. D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information from Father No Physician

[OVER.]

D A K S A F E

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8049

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 13 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 12th July 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Eager Howard Post

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 35 *Years,* ——— *Months,* ——— 24 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} married.

Occupation, Clerk -

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt: County,

Duration of Residence in the City of Baltimore, Twenty Five years.

Place of Death, {Give street and number.} 91 West Monument St.

Cause of Death, First (Primary,) Pneumonia,

Second (Immediate.) Heart Embolism

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Green Mt. Cemetery

Date of Burial, July 14th 1876

Undertaker, H. W. Perkins & Son

Place of Business, 16 Light. *Address* 108 Park Ave Baltimore Md

L. McCulloh M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 8050

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8050

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ~~immediately~~ *filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTERED FEB 13 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 12th 1876

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Charles W. Mathews

Sex, Male ~~*or Female*~~, { Cross out the word not required in this line. }

Age, 37 *Years,* *Months,* *Days.*

Color, Wh *Sex,*

Married, ~~*Single, Widow or Widower*~~, { Cross out the words not required in this line. }

Occupation, Tailor

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Howard County Md.

Duration of Residence in the City of Baltimore, Three years

Place of Death, { Give street and number. } Shields Ad Wd 4.

Cause of Death, { First (Primary,) Pneumonia / Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, at Odd Fellows Cemetery

Date of Burial, Feb 13th 1876

{ *Undertaker,* Wm. Schilling
{ *Place of Business,* 72. Pearl Aven.

Jno. G. Gary M. D.
Medical Attendant.

Address Park & Madison Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 8051

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *properly filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 13 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 11th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Hosea Young

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 19 *Years,* 11 *Months,* *Days.*

Color, Colored *Sex,* male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Calvert Co Md

Duration of Residence in the City of Baltimore, 13 years

Place of Death, {Give street and number.} 353 Eager St Balt

Cause of Death, First (Primary,) Consumption

Second (Immediate,)

Duration of Last Sickness, Two months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feb 13th 1876

Undertaker, John B. Williams *Address* 55 Chapel St Balt

Place of Business, 107 Lee St

Wm C. Knowles M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 8052

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 13 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 12th day of February.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Helene Clotilde von Lofsberg

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 3 *Years,* 1 *Months,* 20 *Days.*

Color, white *Sex,* female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, none

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 321 S. Sharp St.

Cause of Death, First (Primary,) Scarlet fever.

Second (Immediate,) Morbus Brightii. uraemia

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Feb. 14th 1876

Undertaker, Adam Weidemeyer

Place of Business, 378½ W. Baltimore Ste

Henry Salzer M. D.
Medical Attendant.

Address 165 W. Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 8053

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 13 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 11th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} George Alex. Sewell

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 6 *Years,* 7 *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 58 S. Oregon St.

Cause of Death, First (Primary,) Acute Tuberculosis

Second (Immediate,)

Duration of Last Sickness, Twelve days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, February the 13th 1876

Wm Neff M. D.

Medical Attendant.

Undertaker, J. B. Cook,

Place of Business, 707 West Baltimore St

Address 558 W. Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8054

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 13 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, February 10 - 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Anderson

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 19 *Years,* ——— *Months,* ——— *Days.*

Color, Black - *Sex,* Female -

Married, Single, ~~Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, House Servant -

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Glancester Co. M. Va -

Duration of Residence in the City of Baltimore, 2 years -

Place of Death, {Give street and number.} Stockton al- 4th N. of Edmondson Ave

Cause of Death, First (Primary,) Acute Consumption of Lungs -

Second (Immediate,)

Duration of Last Sickness, 4 months.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feby 13th 1876

Undertaker, Wm P Frey

Place of Business, 65 Hanover St

John J. King - *M. D.*
Medical Attendant.

Address Edmondson Ave
West of Carrollton ave -

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8055

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. FEB 13 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 12th / 76

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles E. Whalen

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, *Years,* 7 *Months,* *Days.*

Color, Colored *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 32. Vine Street

Cause of Death, First (Primary,)

Second (Immediate,) Convulsions

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery *Frank Gunnell* M. D.

Date of Burial, Feb 13th 1876 Medical Attendant.

Undertaker, Wm Sames Jr

Place of Business, 65 Madison St *Address* 57. N. Pacaut

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

Permit No. 8054 8054 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, [illegible] to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 18 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb. 12th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wilhelmina

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 67 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number} No. 121 E. Madison

Cause of Death, {First (Primary,) Pneumonia

{Second (Immediate,)

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician

Place of Burial, St. Alphonsus Cem

Date of Burial, February 14th 1876

{*Undertaker,* H C M Gilmeyer

{*Place of Business,* 341 Eastern Ave. *Address* .....

D. Bell, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of Illegitimate children

[OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 8057

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 13 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb. 10th.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Florence Williams.

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 1 *Years,* 2 *Months,* 5 *Days.*

Color, Col'd *Sex,*

Married, Single, ~~*Widow or Widower.*~~ {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} Sarah Ann St. #154.

Cause of Death, First (Primary,) Unknown No Physician -

Second (Immediate,) sick.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Saint C Cemetery

Date of Burial, 13 Feb.

Undertaker, P Kinnot

Place of Business, 311 Mulberry St. *Address* 398 N. Fayette St.

D. D. Whitbeck M. D.

[redacted]nt.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

THE SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5058

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 14 1876 BALTIMORE.

Date of Death, February 12th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Amelia Sykes

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 33 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, House Keeper

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. City, Maryland

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 79 Grindall St.

Cause of Death, First (Primary,) Asthma

Second (Immediate,) Heart Disease

Duration of Last Sickness, Short

All the above information should be furnished by the Physician

Place of Burial, Mount Carmel cemetery

Date of Burial, February 14 1876

Undertaker, Charles F. Herold

Place of Business, 161 Hanover st

R. B. Lee M. D.

~~Medical Attendant.~~ N. W. Cor Coroner S. D.

Address Hanover & Barre St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8059

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 14 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb. 13th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henrietta Singer

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Years, 11 Months, 16 Days.

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore,

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 243 Eastern Avenue

Cause of Death, First (Primary,) Chicken-Pox (Varicella)

Second (Immediate,) Convulsions

Duration of Last Sickness, Do not Know - saw the child just previous to death

All the above information should be furnished by the Physician

Place of Burial, Schwartz's Burial ground, Fraser Co.

Date of Burial, Feb. 14th 1876

James D. Shaw M. D.
Medical Attendant

Undertaker, Adam Weidemeyer

Place of Business, 518½ W. Baltimore St. Address 254 Eastern Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 8060

The special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 8060

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 14 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sunday, February 13th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George Cornelius Parker

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, Seven *Years,* Ten *Months,* Seven *Days.*

Color, Black *Sex,* Male

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} St. Mary's County. Md

Duration of Residence in the City of Baltimore, Four Years.

Place of Death, {Give street and number.} No 21 Eden Alley

Cause of Death, First (Primary,) Pneumonia

Second (Immediate,)

Duration of Last Sickness, Five days.

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, Feb 15 1876

Undertaker, John G Gordon

Place of Business, No 63 Park Ave

Henry R. Fe M. D.
Medical Attendant.

Address [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 8061

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 14 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feby 12th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mrs Eliza Fisher

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 73 *Years,* — *Months,* — *Days.*

Color, White *Sex,* Female

~~*Married, Single,*~~ *Widow* ~~*Widower,*~~ {Cross out the words not required in this line.}

Occupation, Housekeeper

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Talbot County Md.

Duration of Residence in the City of Baltimore, 24 Years

Place of Death, {Give street and number.} 552 W Lombard St

Cause of Death, First (Primary,) Pneumonia

Second (Immediate,)

Duration of Last Sickness, One Week.

All the above information should be furnished by the Physician.

Place of Burial, Jessups Cut Howard Co Md. A. A. White M. D.

Date of Burial, Feb 14th Medical Attendant.

Undertaker, Jas Bloom

Place of Business, Baltimore & Mon Schroeder Address 372 Franklin St

Late Residence 495 Lexington St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

(Transit 357)

THE SPECIAL ATTENTION OF PHYSICIANS IS RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8062

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 14 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 12th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Hawkins

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 6 *Months,* *Days.*

Color, Brown

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number.} 371 West St.

Cause of Death, First (Primary,) Pneumonia

Second (Immediate,)

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician

Place of Burial, Laurel Cemetery

Date of Burial, Feb 14 76

Undertaker, C. W. Chase

Place of Business, 191 W. Pratt

R. M. Hall M. D.

Medical Attendant.

Address 266 S. Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8063

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 14 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 13th 76

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jan Joanna Nolan

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 35 *Years,* *Months,* *Days.*

Color, white

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Servant

Birthplace, {State or country (and how long in the United States, if of foreign birth)} Ireland . 35 years

Duration of Residence in the City of Baltimore, 35 years

Place of Death, {Give street and number.} American Hotel Cor Franklin & Calvert

Cause of Death, {First (Primary,)} Accidental Fall

{Second (Immediate,)} Fracture of cervical spine

Duration of Last Sickness, 20 minutes

All the above information should be furnished by the Physician

Place of Burial, Loudon Park Cem

Date of Burial, Feb 15 - 1876

Undertaker, John I Rodenmayer

Place of Business, N E Cor Fremont & Monument St

Edmund P Walker M. D.
Medical Attendant.

Address Coroner M. P. D.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8064

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 14 1876 BALTIMORE

Date of Death, Feb 13th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Caroline Kirg Mothers Name

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ____ *Years,* ____ *Months,* 28. *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth} 216 Lexington st

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 216 Lexington st.

Cause of Death, First (Primary,) ____ Second (Immediate,) Colic, Spasms.

Duration of Last Sickness, a few hours,

All the above information should be furnished by the Physician

Place of Burial, Baltimore Cemetery

Date of Burial, Feby. 14th

Undertaker, H. Schilling

Place of Business, No 72 Rem. Ave

Geo C Gyle Coroner M. D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The special attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 8165

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 14 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb. 13 & 14 1876

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Jesse L Irwin

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, 42 *Years,* 11 *Months,* 19 *Days.*

Color, White *Sex,* Male

Married, ~~Single, Widow or Widower~~, { Cross out the words not required in this line. }

Occupation, Clerk

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Death City

Place of Death, { Give street and number. } 188 Lexington St

Cause of Death, { Second (Immediate,) } Effusion of Blood on the Brain

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, February 14th 1876

Undertaker, Jacob Weaver

Place of Business, No 456 Druid Hill Ave *Address*

H. A. [illegible] M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8066

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 14 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Febr. 14 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Peter Reinek

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 72 *Years,* 7 *Months,* 14 *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Newspaperwriter

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 30 Years

Place of Death, {Give street and number.} 31 N Sumbard

Cause of Death, First (Primary,) Chronic Bright's Disease

Second (Immediate,)

Duration of Last Sickness, Six Months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Feb 14

Undertaker, Chas Rossig

Place of Business, 1966 Fayette

Chas B Arnold M. D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8067

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 14 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 13th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie Tofster

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.} Female

Age, ——— *Years,* Six *Months,* ——— *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 359 N. Durham st

Duration of Residence in the City of Baltimore, Six months

Place of Death, {Give street and number.} 359 N. Durham st

Cause of Death, First (Primary,) Abortic Pneumonia

Second (Immediate,)

Duration of Last Sickness, Four days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, February 14th 1876

A. P. Yeats M. D.
Medical Attendant.

Undertaker, A. Rook

Place of Business, No 309 Central Av *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

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The special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8068.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 14 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb. 12th 76

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Joseph V. Smith

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 31 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Carpenter

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. Maryland

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 174 E. Eager St.

Cause of Death, {First (Primary,) Phthisis

Second (Immediate,)

Duration of Last Sickness, One month

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cem.

Date of Burial, February 15, 1876

{*Undertaker,* Henry Koch

Place of Business, 369 Central Av. *Address* 174 E. Eager st

Jno. Brooke Boyle M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8069

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 14 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feb' 12th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Geo L Johnson

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, —— *Years,* 13 *Months,* —— *Days.*

Color, ~~Col~~ *Sex,*

~~Married, Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 2 Salisbury Ct

Cause of Death, { First (Primary,) Spasms

Second (Immediate.)

Duration of Last Sickness, Last hour or 2

All the above information should be furnished by the Physician.

Place of Burial, Back River neck Balto Co

Date of Burial, Feb 15 1876

A L Shotter M. D.
Medical Attendant.

Undertaker, Wilson Orange

Place of Business, No 104 East Pratt *Address* 117 2 Baltimore St

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Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

(Permit 352)

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8070

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 14 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feby 13. 76. 11 Oct. A M,

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Rhoda Hay Marshall

~~*Sex, Male or Female,*~~ { Cross out the word not required in this line. }

Age, ——— *Years,* 3 *Months,* 13 *Days.*

Color, White *Sex,* Female

~~*Married, Single, Widow or Widower,*~~ { Cross out the words not required in this line. }

~~*Occupation,*~~

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Balto Md

Duration of Residence in the City of Baltimore, 8 Mo 13 days.

Place of Death, { Give street and number. } 118 Bank st

Cause of Death, { First (Primary,) / Second (Immediate,) } Convulsions & Lungs.

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery J. H. Eastman M. D.

Date of Burial, Feb 14th 1876 Medical Attendant.

Undertaker, John S Mucher

Place of Business, No 150 Camden st *Address* 219 Lee

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty he Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish in forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate g forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person ed, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8071

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 14 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 12th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Shaffer.

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 19 *Years,* 6 *Months,* *Days.*

Color, White *Sex,* Female

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 2465 Durham St

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate,) Phthisis

Duration of Last Sickness, (Eight months)

All the above information should be furnished by the Physician.

Place of Burial, 5th German Reformed Cemetery

Date of Burial, Feb 14th 1876

W. R. Way M. D.
Medical Attendant.

Undertaker, H Frechlich

Place of Business, 246 Eastern Ave *Address* 19 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8072

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 14 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 12th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Landefeld

~~*Sex,*~~ *Male* ~~*or Female,*~~ {Cross out the word not required in this line.}

Age, 2 *Years,* 11 *Months,* 15 *Days.*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 412 Eastern Av.

Cause of Death, {First (Primary,) ; Second (Immediate,)} Acute Meningitis

Duration of Last Sickness, Seven Days

All the above information should be furnished by the Physician

Place of Burial, 5th German Reformed St Paul Cemetery

Date of Burial, Feb 14th 1876

A. F. Erich *M. D.*
Medical Attendant.

{*Undertaker,* H Frechtel
Place of Business, 246 Eastern Av

Address 94 S. Broadway.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The special attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8073

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 14 1876 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Febuary 14th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Anna Catherine Miller

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 10 *Years,* 3 *Months,* 9 *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 217 Montgomery St

Cause of Death, First (Primary,)

Second (Immediate,) Scarlatina

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, Febr 16th 1876

Wm. Innis M. D.
Medical Attendant.

Undertaker, Julius Koehler *Address* 5 Franklin St,

Place of Business, cor Sharp & Cross. Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8074

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 14 1876 BALTIMORE

Date of Death, Feb 13th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William H Adley

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ——— *Years,* 2 *Months,* ——— *Days.*

Color, Blk

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 122 Church Street

Cause of Death, First (Primary,) Heavy Cold

Second (Immediate,) Congestion of Lungs

Duration of Last Sickness, One week

All the above information should be furnished by the Physician

Place of Burial, W. Potters Field

Date of Burial, Feb. 14th 1876

Undertaker, M. H. C. Perry

Place of Business, W. Pratt St

James A Steuart M. D.

~~Medical Attendant.~~

Address Commiss of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Charles Adley Father

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on the reverse side.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8075

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 14. 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb - 13 - 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles F. Stickley

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ——— *Years,* 5 *Months,* 29 *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ———

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, ———

Place of Death, {Give street and number.} 5 N. Bond

Cause of Death, First (Primary,) Collapse of Lungs

Second (Immediate,)

Duration of Last Sickness, one day

All the above information should be furnished by the Physician.

Place of Burial, Eastern Ave Ch Cemetery

Date of Burial, Feb. 14 1876

Undertaker, Parents

Place of Business, ———

Frank B Arnold M. D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8076

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 14. 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feby 14th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Harriet Ann Fountain

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 34 *Years,* — *Months,* — *Days.*

Color, ~~Star~~, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, House Keeper

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 181 York St.

Cause of Death, First (Primary,) Eating

Second (Immediate,) Colic

Duration of Last Sickness, 2 Days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feby 15th 1876

Undertaker, Wm. J. Gray

Place of Business, 65 Mulberry St

R. C. Lee M. D.
Medical Attendant.

N. W. Cor

Address Hanover & Barre Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8077.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 14 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 13 Feb 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles Hartman

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, ~~~ *Years,* ~~~ *Months,* 21 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} (Baltimore) 4 Abbott Street

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 4 Abbott St

Cause of Death, First (Primary,) improper nourishment

Second (Immediate,)

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician

Place of Burial, [illegible] Cemetery

Date of Burial, [illegible] 14 [illegible]

Undertaker, [illegible]

Place of Business, [illegible]

James H Steuart M. D.

Address Commiss of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Father Aloys Heller Parish Priest

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8078

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 14 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feby 12th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Healey.

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 3 *Years,* 3 *Months,* 13 *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto city

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and number.} 18 E Monument

Cause of Death, First (Primary,) Second (Immediate,) Scarlet Fever

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, St Peters

Date of Burial, Feb 14th 1876

T. E. Shatand Jr M. D.
Medical Attendant.

Undertaker, Joseph F Byrne *Address* 114 Park ave

Place of Business, 69 n Liberty

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8079

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 14 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 11th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Fallerson

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 65 *Years,* *Months,* *Days.*

Color, C *Sex,*

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Arab

Birthplace, {State or country (and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore, all his years

Place of Death, {Give street and number.} No 9 (10 ft alley) Fifteenbit Alley

Cause of Death, First (Primary,) Pneumonia (supposed)

Second (Immediate,)

Duration of Last Sickness, Six days

All the above information should be furnished by the Physician.

Place of Burial, E. Potters Field

Date of Burial, Feb 14 1876

Undertaker, W. Donovan

Place of Business, Central Ave

Chas M. Moffit M. D.
Coroner E. D. Medical Attendant.

Address 812 Bath St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 8080

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 14 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feb. 11th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Kiernan

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 52 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 23 years

Place of Death, {Give street and number.} 150 Chesapeake St.

Cause of Death, {First (Primary,) Dysentery Diarrhea

{Second (Immediate,)

Duration of Last Sickness, 10 Days

All the above information should be furnished by the Physician.

Place of Burial, Ft. Pat. Cemetery

Date of Burial, February 14th 1876

{*Undertaker,* M. A. Daigle

{*Place of Business,* 740 Bond

E. Jones Williams M. D.
Medical Attendant.

Address 20 36 Bush St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 8081

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 14 1876 BALTIMORE

Date of Death, February 13th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George William Morris

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 18 *Years,* *Months,* 21 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Cupher

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Anne Arundel Co. Md.

Duration of Residence in the City of Baltimore, 2 years.

Place of Death, {Give street and number.} 627 Light St.

Cause of Death, First (Primary,) Consumption

Second (Immediate,) of the lungs

Duration of Last Sickness, about one year.

All the above information should be furnished by the Physician.

Place of Burial, Balt. Cemetery

Date of Burial, Feb 16 1875

J. H. Smith M. D.
Medical Attendant.

Undertaker, C. F. Krause

Place of Business, 209 Hanover st Address 108 S. Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8082

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 14 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 11th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henrietta S Brashell

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 41 *Years,* ——— *Months,* ——— *Days.*

Color, White *Sex,* Female

~~*Married, Single,*~~ *Widow* ~~or Widower,~~ {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Caroline Co Md

Duration of Residence in the City of Baltimore, 22 years

Place of Death, {Give street and number.} 55½ St Paul st

Cause of Death, First (Primary,) Consumption

Second (Immediate.) "

Duration of Last Sickness, one year

All the above information should be furnished by the Physician.

Place of Burial, Kent Co. Md

Date of Burial, Febry. 15th 1876

Undertaker, Chas. A Snider

Place of Business, No 520 W Balto st

Thos L Pennington M. D.
Medical Attendant.

Address 210 Franklin st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

(Transit 953)

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8083,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 14 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Febr. 14 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Joseph Huber

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, —— *Years,* 5 *Months,* 21 *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ——

Occupation, ——

Birthplace, {State or country (and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, ——

Place of Death, {Give street and number.} 355 N. Central Aven.

Cause of Death, First (Primary,) Cerebral Meningitis

Second (Immediate,)

Duration of Last Sickness, 2 weeks,

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cem

Date of Burial, 15th Feb

Abram B Arnold M. D.
Medical Attendant.

Undertaker, George Schultes 186 South Bond st
Address

Place of Business,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

S A F E T Y F

The special attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 8084

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 1 1876

Date of Death, Feby 13th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary ~~Ann~~ Reinwalds

Sex, ~~Male~~ *Female,* {Cross out the word not required in this line.}

Age, *Years,* 6 *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt. City since birth

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 310 E. Fayette st.

Cause of Death, First (Primary,) Concussion of Brain

Second (Immediate,)

Duration of Last Sickness, Two days

All the above information should be furnished by the Physician.

Place of Burial, St Michels Grave Yard

Date of Burial, Feb 14, 1876.

John F. Monmonier M. D.
Medical Attendant.
Str. cor. Calvert & Reed sts,

Undertaker, H. Hofmann.

Place of Business, 63 N. Eden. *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

KODAK

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8085

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 14 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 12. 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Josiah. D Whitaker

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 71 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, ~~Single, Widow or Widower.~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, 71 years

Place of Death, {Give street and number.} 467 N. Caroline st

Cause of Death, First (Primary,) Apoplexy

Second (Immediate,) Few moments.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Green Mount.

Date of Burial, February 15th 1876

A. Tinsley M. D.
Medical Attendant.

Undertaker, Wm. H. Hickman

Place of Business, 234 N. Gay St. *Address* 457 N. Caroline st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 8086

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 14 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 13th 76

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Emma Stumm

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 8 *Years,* 2 *Months,* 13 *Days.*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, ~~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 190 N. Dallas St.

Cause of Death, {First (Primary,) Pneumonia; Second (Immediate,) Congestion Brain

Duration of Last Sickness, Three days.

All the above information should be furnished by the Physician

Place of Burial, St. Mathews Cemetery

Date of Burial, Feb 15th 1876

Lewis Ch3 Horn *M. D.*
Medical Attendant.

Undertaker, Jacob Mueller

Place of Business, 1021 Eastern Ave *Address* 226 Mulberry St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8087

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 14 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 13th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Mc. Cray

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 28 *Years,* ~~11~~ ~~X~~ ~~X~~ *Months,* 26 *Days.*

Color, white *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Hack Driver

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Washington D. C.

Duration of Residence in the City of Baltimore, 24 years

Place of Death, {Give street and number.} 32 n. Central st.

Cause of Death, First (Primary,) ...

Second (Immediate.) Consumption

Duration of Last Sickness, 8 months

All the above information should be furnished by the Physician.

Place of Burial, Methodist-Burial ground Philadelphia road P. G. Dausch M. D.

Medical Attendant.

Date of Burial, 15th Feb. 4 o'clock p m

Undertaker, Laney Burns *Address* 27 N. Broadway

Place of Business, Front St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 8088

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 14 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 14th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Kate Cecilia Goodwell

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 19 *Years,* 6 *Months,* — *Days.*

Color, white *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, No.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Miss.

Duration of Residence in the City of Baltimore, about 10 years

Place of Death, {Give street and number.} 125 N. Charles St.

Cause of Death, First (Primary,) Consumption

Second (Immediate,) Pneumo Thorax

Duration of Last Sickness, 8 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery J. A. Donaldson M. D.

Date of Burial, 16 Feb 76 Medical Attendant.

Undertaker, H. W. Jenkins & Co *Address* 108 Paca

Place of Business, Light St. Balt. Balt.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8089

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 15 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 14th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lewis Wankten

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 20. *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Mechanic

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} No 7 Eutaw st (South)

Cause of Death, {First (Primary.) Second (Immediate,)} Congestion of Brain

Duration of Last Sickness, an hour

All the above information should be furnished by the Physician.

Place of Burial, ~~Fairmount Cemetery~~ St. Paul Cemetery Reisterstown

Date of Burial, Feb 16th 1876

Geo C Ogle Coroner M. D.
Medical Attendant.

Undertaker, P. Frey

Place of Business, No 7 East Av

Address 229 Cary st,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8091

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 15 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Febr. 14th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Robert Thompson

~~Sex~~, *Male* ~~or Female~~, {Cross out the word not required in this line.}

Age, 10 *Years,* *Months,* *Days.*

Color, white

~~Married~~, *Single,* ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 122 Gough St

Cause of Death, First (Primary,) Exposure

Second (Immediate,) Acute Peritonitis

Duration of Last Sickness, Six days

All the above information should be furnished by the Physician

Place of Burial, Green Mt Cemetery

Date of Burial, Feby 17th 1876 A. F. Erich *M. D.*

Medical Attendant.

Undertaker, Hughes & Co

Place of Business, 68 S Broadway *Address* 94 S Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 8091

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 15 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 14th 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Margaret Abrahams Strain.

~~*Sex,* Male~~ *or Female,* {Cross out the word not required in this line.}

Age, Two *Years,* nine *Months,* twenty two *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City - Maryland

Duration of Residence in the City of Baltimore, 2 yrs 9 mos. 22 days

Place of Death, {Give street and number.} 361. Madison Avenue

Cause of Death, First (Primary,) Diphtheria.
Second (Immediate.)

Duration of Last Sickness, Seven days

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cemetery

Date of Burial, Feb 16th 1876 A. T. Bell M. D.
Medical Attendant.

Undertaker, Houghton & Co

Place of Business, 658 Broadway *Address* 356 Madison Avenue

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8092

The Physician who attended any person in n last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 15 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 14th 1876

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents } Christopher Hughes Armistead

~~*Sex, Male or Female,*~~ { Cross out the word not required in this line. }

Age, 60 *Years,* *Months,* *Days.*

Color, white *Sex,*

Married, ~~*Single, Widow or Widower.*~~ { Cross out the words not required in this line. }

Occupation, formerly Merchant

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Bremen

Duration of Residence in the City of Baltimore, Life time

Place of Death, { Give street and number. } 109 W Monument St

Cause of Death, { First (Primary,) Tuberculosis / Second (Immediate.) Ascites Hydrothorax

Duration of Last Sickness, Some years

All the above information should be furnished by the Physician.

Place of Burial, St Pauls Cemetery

Date of Burial, 17th Febry 1876

Chas A Donovan M. D.
Medical Attendant.

Undertaker, H. H. Jenkins & Son

Place of Business, 16 Light St. *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8093

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 15 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Febry 12th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mrs Hanna D Brown

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 69 *Years,* 8 *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} widow of Dr Brown of York

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} New York

Duration of Residence in the City of Baltimore, 2 months

Place of Death, {Give street and number.} Eutaw House

Cause of Death, First (Primary,)

Second (Immediate.) Capillary Bronchitis and Pneumonia Congestive left lung

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Greenwood New York

Date of Burial, ✓

Undertaker, Hyn Jenkins & Son

Place of Business, 16 Light St *Address* 410 Richmond Street

C B Gamble M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

(Transit 3574)

...Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8094.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 14. 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mrs. Ellen Murphy

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 44 *Years,* *Months,* *Days.*

Color, White. *Sex,* Female.

~~*Married, Single,*~~ *Widow or* ~~*Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 23 Years.

Place of Death, {Give street and number.} 13 Hilton St.

Cause of Death, {First (Primary,) Phthisis.
Second (Immediate,)

Duration of Last Sickness, Six Months

All the above information should be furnished by the Physician.

Place of Burial, St Vincent Cemetery

Date of Burial, Feb 16 / 876

{*Undertaker,* James P Byrne
{*Place of Business,* No 63 No Front St

Edward J McDevitt M. D.
Medical Attendant.

Address 137 N. Exeter St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

The Special attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8095

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 15 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feb 14th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lizzie Ready

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 1 *Years,* 10 *Months,* *Days.*

Color, White *Sex,* —

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 146 Chesnut St

Cause of Death, {First (Primary,) Capillary Bronchitis

{Second (Immediate,) About Two weeks

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, Feb 16 1876

{*Undertaker,* James O Byrne

{*Place of Business,* No 63 W Front St

Thos S Latimer M. D.
Medical Attendant.

Address 218 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8096

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 14 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 14, 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Agnes Redington.

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 2 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State of country (and how long in the United States, if of foreign birth.} 26 Hillen Street.

Duration of Residence in the City of Baltimore. 2 years

Place of Death, {Give street and number.} St. Vincents Infant Asylum.

Cause of Death, First (Primary,) Pneumonia

Second (Immediate,) Meningitis - effusion

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Cemetery

Date of Burial, Feb 15 1876

Undertaker, James D Bigelow

Place of Business, No 63 N French

Mahlon Brown M. D.
Medical Attendant.

Address 201 W. Biddle St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8097

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 15 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 14"

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Joseph L Shipley

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 31 *Years,* *Months,* *Days.*

Color, W *Sex,*

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Machinist

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 236 Columbia St

Cause of Death, First (Primary,) Rheumatism

Second (Immediate,) Dropsy in Pericardium

Duration of Last Sickness, 12 months

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, Feby 16th 1876

Undertaker, John L Mackin

Place of Business, *Address* No 150 Camden St

J. T. Knight M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8098

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 15 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feby 14th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jas. Alonzo Barnett

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 4 *Years,* 10 *Months,* 9 *Days.*

Color, ~~Sex,~~ White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ——

Occupation, ——

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. City Md.,

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 137 Riverside Av.,

Cause of Death, First (Primary,) ——

Second (Immediate,) Scarlet Fever

Duration of Last Sickness, 6 Days

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, Feb 15th 1876

Undertaker, Mostrap & Kemp

Place of Business, 263 Fayette

R. C. Lee M. D.
Medical Attendant.

N. W. cor

Address Hanover & Barre Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The special attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8099

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 15 1876 OBE

CERTIFICATE OF DEATH.

Date of Death, February 13th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Christopher C. Hayden

Sex, ~~Male or Female~~, {Cross out the word not required in this line.}

Age, ——— *Years,* 10 *Months,* ——— *Days.*

Color, White *Sex,* Male

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. Md.

Duration of Residence in the City of Baltimore, Whole life

Place of Death, {Give street and number.} 103 Hillen St

Cause of Death, {First (Primary,) Catarrh

Second (Immediate.)

Duration of Last Sickness, 9 days

All the above information should be furnished by the Physician.

Place of Burial, Balto. Cemetery

Date of Burial, February 16th 1876.

Silas N Hunter M. D.
Medical Attendant.

Undertaker, George C Rodenmyer

Place of Business, 138 Canton Ave Address 111 Greenmount Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...of Physicians is respectfully invited to the remarks below, and to Rule ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8100

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately f* *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. FEB 15 1876

CERTIFICATE OF DEATH.

Date of Death, Feb 13th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henry W Cook

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 69 *Years,* *Months,* *D*

Color, W *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} married

Occupation, Merchant

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Pa

Duration of Residence in the City of Baltimore, 56

Place of Death, {Give street and number.} 16 Hollins St

Cause of Death, First (Primary,) Rheumatism Heart

Second (Immediate,) Dropsy Pericard

Duration of Last Sickness, 30 ~~60~~ days

All the above information should be furnished by the Physician.

Place of Burial, Greenmt Cemetery J. T. Knight M.

Date of Burial, Feb 16 1876 Medical Attendant

Undertaker, ~~Thos~~ Hughes & Co

Place of Business, 350 W Fayette St *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the d of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furn within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certifi setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the pe deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8101

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 16 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 15 1876

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Jas McGuiness

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, 6y *Years,* *Months,* *Days.*

Color, W. *Sex,*

Married, ~~Single, Widow or Widower~~, { Cross out the words not required in this line. }

Occupation, Carpenter

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Ireland

Duration of Residence in the City of Baltimore, 4 M

Place of Death, { Give street and number. } St Joseph's Hospital

Cause of Death, { First (Primary,) Chron Pneumonia / Second (Immediate,) Asthenia

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, ~~St Patrick's Cemetery~~ Holy Cross / Holy Cross Cemetery

Date of Burial, Feb 16th 1876

Wm Gerry Chisholm M. D.
Medical Attendant.

{ *Undertaker,* Sisler
{ *Place of Business,* Institution *Address* S Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8102

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 15 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Monday 14 th Feb 76.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Edwin H Murray (Marney)

Sex, ~~Male or Female~~, { Cross out the word not required in this line. }

Age, 3 *Years,* 6 *Months,* — *Days.*

Color, White *Sex,* Male

~~Married, Single, Widow or Widower~~, { Cross out the words not required in this line. }

Occupation, —

Birthplace, { State or country (and how long in the United States, if of foreign birth. } 664 Lexington St Baltimore

Duration of Residence in the City of Baltimore, —

Place of Death, { Give street and number. } 192 Fayette St

Cause of Death, { First (Primary,) } Burns Clothing caught at Stove

{ Second (Immediate,) }

Duration of Last Sickness, 4 Days

All the above information should be furnished by the Physician.

Place of Burial, Linden Park Cemetary

Date of Burial, Feb 18th 1876

{ *Undertaker,* Hughes & Co

{ *Place of Business,* 350 Fayette St

E. H. Crim M. D.

Medical Attendant.

Address Eastern Avenue

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8103

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 15 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 14th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William & Rachel Grant } Parents

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, ... *Years,* ..... *Months,* 8 Months *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, none

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore. Life

Place of Death, {Give street and number.} 110 N. Caroline St

Cause of Death, First (Primary,) Spasms

Second (Immediate,) " "

Duration of Last Sickness, Life

All the above information should be furnished by the Physician

Place of Burial, Balto Cemetery

Date of Burial, Feb 15 " 1876

Undertaker, William Frey

Place of Business, N Broadway

Edward Conrad M. D.

Address Commissioner of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Mary Walter (Midwife)

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8104

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 15 1976 RECEIVED

CERTIFICATE OF DEATH.

Date of Death, February 15

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mathias Mertz

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 56 *Years,* 5 *Months,* 2 *Days.*

Color, White *Sex,* Male

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Glass Blower

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of ~~Residence~~ in the City of Baltimore, 29 Years

Place of Death, {Give street and number.} 1. Stockholm

Cause of Death { First (Primary,) Apoplexy 4 days
Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Bel Air Md *By* Theodore Bode M. D.
Medical Attendant.

Date of Burial, February 17 1876

{ *Undertaker,* Charles F. Herold *Address* 146 Hanover St
{ *Place of Business,* 161 Hanover St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8115

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE obtained WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 15 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb. 15th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sophia Burns

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, *Years,* 5 *Months,* 1 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. Md.

Duration of Residence in the City of Baltimore, Since Life

Place of Death, {Give street and number.} 42 Aliceanna St.

Cause of Death, First (Primary,) Tuberculous Meningitis

Second (Immediate,)

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, St. Stephens

Date of Burial, Feb 16th 1876

Undertaker, C. F. Kraus

Place of Business, 209 Hanover St

L. E. Harrington *M. D.*
Medical Attendant.

Address 321 Light St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8106

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 16 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Monday Feb. 14 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Francis Xavier Jago

Sex, Male or ~~Female,~~ {Cross out the word not required in this line.}

Age, 21 *Years,* 2 *Months,* — *Days.*

Color, White *Sex,* Male

~~Married~~, Single, ~~Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Telegraph Operator

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Norwich Conn.

Duration of Residence in the City of Baltimore, 3 years

Place of Death, {Give street and number.} 239 Dolphin St

Cause of Death, {First (Primary,) Pthisis
{Second (Immediate,)

Duration of Last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral D. C. Benzine M. D.
Medical Attendant.

Date of Burial, Feb 16

{*Undertaker,* C. W. Bussard
{*Place of Business,* 187 Chancellor St *Address* 176 N Arlington Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8107

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 12th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Holmes

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Thirty eight *Years,* *Months,* *Days.*

Color, Light Brown *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, House Keeper

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Cassenmah County Maryland

Duration of Residence in the City of Baltimore, About four years

Place of Death, {Give street and number.} No 53 S. Eutaw St

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate,) Exaustion

Duration of Last Sickness, 2 Years 1 year

All the above information should be furnished by the Physician.

Place of Burial, Dallis st Cemetery

Date of Burial, Feb 16. 76

Undertaker, Theodore J. Locks

Place of Business, No 59 S. Wolfe st *Address* No 754 Broadway

A. J. Faud *M. D.*

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8108

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 16 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Febr. 14/76.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George Winterton

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, *Years,* 4 *Months,* 11 *Days.*

Color, *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. Md.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Chestnut st No 167.

Cause of Death, { First (Primary,) Convulsions

Second (Immediate,)

Duration of Last Sickness, 2 wks

All the above information should be furnished by the Physician.

Place of Burial, St Alfonsis Cem

Date of Burial, Feb 16th 1876

{ *Undertaker,* George Sackett

Place of Business, 339 Canton Ave

E. M. Schutte Jr M. D.

Medical Attendant.

Address S.W. cor. Wolf st & Canton Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 8109

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 15 1876 BALTIMORE

Date of Death, Feb 15th 76

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Infant of J. H. Chevin

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, *Years,* *Months,* 4 *Days.*

Color, Colored *Sex,* Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 78 Chestnut alley

Cause of Death, { First (Primary,) " "

{ Second (Immediate,) Meningitis

Duration of Last Sickness, Four days

All the above information should be furnished by the Physician.

Place of Burial, Israel Cemetery

Date of Burial, Feb 18 - 1876

{ *Undertaker,* John C Gordon

{ *Place of Business,* No 63 Park Ave *Address*

H. D. Burke M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

Permit No. 8110 — OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 15 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 14th February 1876

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Pauline Rice

Sex, ~~Male or Female~~, { Cross out the word not required in this line. }

Age, 19 *Years,* *Months,* *Days.*

Color, Black *Sex,*

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, 19 years

Place of Death, { Give street and number. } 11 Morris Alley

Cause of Death, First (Primary,) Tubercular Consumption

Second (Immediate,)

Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feb. 16 76

Undertaker, J. H. Chase

Place of Business, 178 Hanover st

Wm. P. Russell M. D.
Medical Attendant.

Address Broadway & Madison st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8111

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 16 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 15th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Joseph Lipsman

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ——— *Years,* —— 2 *Months,* 20 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 18 Abbott Street

Cause of Death, First (Primary,) ———

Second (Immediate,) Convulsions

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician

Place of Burial, St Alphonsus

Date of Burial, Feb 16th 1876

James A Kemp M. D.

Undertaker or Manager of Establishment.

Undertaker, Henry Hoeck

Place of Business, Central Ave

Address Commrs of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Henry Hoeck Undertaker

[OVER.]

Board of Health, City of Baltimore,

Permit No. 8112 / OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 15 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 14th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles Clayton Yokel

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, 31 *Years,* *Months,* *Days.*

Color, *Sex,*

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Telegraph Operator

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Fredericks Md

Duration of Residence in the City of Baltimore, Six Years

Place of Death, {Give street and number.} No 84 N. Sticker St

Cause of Death, First (Primary,) Unknown

Second (Immediate,) apoplexy

Duration of Last Sickness, 24 hours

All the above information should be furnished by the Physician.

Place of Burial, Phila Pa

Date of Burial, Feb 16th 1876

D. R. Ulrich M. D. M. D.
Medical Attendant.

Undertaker, John L Stocker

Place of Business, No 150 Camden *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

(Transit 355)

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8113

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 16 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 15th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Michael Mc. Cormick

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 29 *Years,* *Months,* *Days.*

Color, white *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Bookkeeper

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 25 Years

Place of Death, {Give street and number.} 30 N. Exeter.

Cause of Death, First (Primary,) Bright's Disease of Kidney

Second (Immediate,) 5 weeks

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, Feb 17th 1876

Pierre G. Dausch M. D.
Medical Attendant.

Undertaker, Henry H. Meeds

Place of Business, 115 N Gay St *Address* 27 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 8114

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 16 1876 BALTIMORE

Date of Death, February 15th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Catharine (Corrie) Conroy

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 75 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Philadelphia

Duration of Residence in the City of Baltimore, 69 years

Place of Death, {Give street and number.} 220 Linden Av.

Cause of Death, First (Primary,) Age

Second (Immediate.) Debility

Duration of Last Sickness, Four Weeks.

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet Cem.

Date of Burial, Feby 17th 1876 J. W. Millenberg M. D.
Medical Attendant.

Undertaker, Jno. T. Weaver.

Place of Business, 22 N. Fayette St. *Address* 121 N. Monument St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8115

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 16 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 15th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Michael Kelly

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 45 *Years,* — *Months,* — *Days.*

Color, white

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Hack Driver

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland — 45 years

Duration of Residence in the City of Baltimore, 45 years

Place of Death, {Give street and number.} 12 N. Carrollton Ave —

Cause of Death, First (Primary,) Asthma

Second (Immediate,) Rheumatism

Duration of Last Sickness, 3 years —

All the above Information should be furnished by the Physician

Place of Burial, Cathedral Cemetery

Date of Burial, Feb 17th 1876

Undertaker, J. B. Cook —

Place of Business, 707 W. Balto St

Jno A Steuart M. D.
Medical Attendant.

Address Commrs of Health
& Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by J. B. Cook Undertaker

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8116

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 16 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feby 16th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Thomas B. Spence

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ____ *Years,* ____ *Months,* half hour *Days.*

Color, White *Sex,* Male

Married, Single, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 407 N. Gay St.

Duration of Residence in the City of Baltimore, half hour

Place of Death, {Give street and number.} 407 N Gay St

Cause of Death, First (Primary,) Strangulation by cord

Second (Immediate,) ~~Cardiac~~

Duration of Last Sickness, 12 hours

All the above information should be furnished by the Physician.

Place of Burial, Balto Cem

Date of Burial, Feb 16

Undertaker, Per Mc Spence

Place of Business, 206 Forest

O. Jos Stubbs *M. D.*
Medical Attendant.

Address 181 E Monument St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8171

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 15 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 15th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Gillen

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, 70 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland —

Duration of Residence in the City of Baltimore, 30 years —

Place of Death, {Give street and number.} St Agnes Hospital

Cause of Death, { First (Primary,) Asthma
Second (Immediate,)

Duration of Last Sickness, Six years.

All the above information should be furnished by the Physician.

Place of Burial, St Patricks cemetery

Date of Burial, Feb 17 1876

{ *Undertaker,* James O Byrne
Place of Business, No 63 W Front St

Edwd F. Nicholson M. D.
Medical Attendant.

Address 279 W Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8118.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 16 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feby 15th 1876

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Antone Green

~~*Sex,*~~ *Male or* ~~*Female,*~~ { Cross out the word not required in this line. }

Age, 31 *Years,* *Months,* *Days.*

Color, Whit *Sex,*

Married, ~~*Single, Widow or Widower,*~~ { Cross out the words not required in this line. }

Occupation, Laborer

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 23 yrs,

Place of Death, { Give street and number. } 218 S. Bethel

Cause of Death, { First (Primary,) Acute Phthisis
Second (Immediate.) 3 mos,

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Wolfgang's

Date of Burial, February 15

{ *Undertaker,* Hendlin & Diffel
Place of Business, 2 Exeter St 191

Sr. W. Mansfield M. D.
Medical Attendant.

Address 11½ S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Y ▲ F I L M ■

Board of Health, City of Baltimore,

Permit No. 8119

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 16 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Febry 16. 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jacob Rider

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ____ *Years,* 5 *Months,* 5 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 13 Hudson al

Cause of Death, First (Primary,) Pneumonia

Second (Immediate,)

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Druyleen Park Lot P. B. Browne M. D.

Date of Burial, Feb 17th 1876 Medical Attendant.

Undertaker, C. L. Shriver

Place of Business, 1021 N Eutaw Address 307 Madison Av

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

(Transit 356)

A K S A F E T

IN SPECIAL ATTENTION OF PHYSICIANS IS RESPECTFULLY INVITED TO THE REMARKS BELOW, AND TO LIST OF DISEASES ON BACK OF THIS CERTIFICATE.

Board of Health, City of Baltimore,

Permit No. 8120

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 16 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 16 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Wesley Johnson

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 2 *Years,* 2 *Months,* ——— *Days.*

Color, Blk

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth)} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 49 Short Street

Cause of Death, {First (Primary,) ——— Second (Immediate,) Marasmus

Duration of Last Sickness, one year (Dumpy from Birth)

All the above information should be furnished by the Physician

Place of Burial, Laurel Cemetery

Date of Burial, Feb 17 1876

{*Undertaker,* Wm R Dunger
Place of Business, East Street

James A Steuart M. D.
Medical Attendant

Address Commrs of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Amelia Johnson Mother

[OVER.]

K O D

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8121

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 16 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 15th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Christopher Stoner

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 62 *Years,* 9 *Months,* 9 *Days.*

Color, White *Sex,* Male

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Bacon Dealer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Hanover Germany

Duration of Residence in the City of Baltimore, 40 years

Place of Death, {Give street and number.} 105 S. Ann St.

Cause of Death, {First (Primary,) Endarteritis (atheromatous arteries)
{Second (Immediate,) Haemorrhage infarct of the lungs.

Duration of Last Sickness, one day

All the above information should be furnished by the Physician.

Place of Burial, Balto. Cem.

Date of Burial, Feb. 17th 1876

Undertaker, W. A. Daiger

Place of Business, 94 S. Bway

Henry Salzer M. D.
Medical Attendant.

Address 155 W. Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8122

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 16 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feb. 14th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Martha Johnson

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 31 *Years,* *Months,* *Days.*

Color, Black *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Washing

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Patuxent Co Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 77 Harrison La.

Cause of Death, First (Primary,) Phthisis.

Second (Immediate,)

Duration of Last Sickness, Two months

All the above information should be furnished by the Physician.

Place of Burial, Sharp St. Cemetery

Date of Burial, Feb 17th 1876

Undertaker, Peter Hammert *Address* 308 S. Caroline ave.

Place of Business, Mulberry St.

West Hopkins *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 8123, OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 15 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 13th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Miss D Brown

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* *Months,* *Days.*

Color, Black *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 68 Hamburg Street

Cause of Death, First (Primary,) Tuberculer Meningitis

Second (Immediate,)

Duration of Last Sickness, 21 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feby 15th 1876

J Dorsey *M. D.*
Medical Attendant.

Undertaker, Wm James Gray

Place of Business, 65 Hamburg St *Address* 163 Hamburg St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8124

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 16 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 2 Mo 16th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George P. Gover.

Sex, Male or Female, {Cross out the word not required in this line.} Male.

Age, 72 *Years,* — *Months,* — *Days.*

Color, White *Sex,* Male.

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married.

Occupation, Barber.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland.

Duration of Residence in the City of Baltimore, 50 years.

Place of Death, {Give street and number.} 30 Asquith St.

Cause of Death, First (Primary,) Angina Pectoris

Second (Immediate,)

Duration of Last Sickness, 4 months

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem'y W. Riley M. D.

Date of Burial, Feb 18th 1876 Medical Attendant.

Undertaker, Thos. F. Murphy

Place of Business, 111 E. Pratt Address 47 Lexington St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 8126

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 15 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 14th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Letty Bowser

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, 17 *Years,* *Months,* *Days.*

Color, Light Brown *Sex,* Female

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} Single

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Howard County

Duration of Residence in the City of Baltimore, 13 Years

Place of Death, {Give street and number.} No 9 Harmony Lane

Cause of Death, First (Primary,) Pleuro Pneumonia

Second (Immediate,) Consumption

Duration of Last Sickness, Six Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery B F Bohrer M. D.

Medical Attendant.

Date of Burial, Feb 17th

Undertaker, S. Kummerd.

Place of Business, 311 Mulberry St Address Cor Dolphin & Robert

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8126

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 15 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 16th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Catharine Johnson

Sex, Male or Female, {Cross out the word not required in this line.}

Age, One *Years,* *Months,* Twenty seven *Days.*

Color, Brown *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 20 Short St

Cause of Death, First (Primary,) Scrofula

Second (Immediate,)

Duration of Last Sickness, Six weeks

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, Feb 17th 1876

Undertaker, William A. Inman

Place of Business, 110 East St.

Whitfield Wilson *M. D.*
Medical Attendant.

Address No 116 E. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8127

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 15 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 15th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Virginia Maud Kearick

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, Five *Years,* Three *Months,* — *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Washington D. C.

Duration of Residence in the City of Baltimore, 5 months

Place of Death, {Give street and number.} 132 N. Bond st

Cause of Death, {First (Primary,) Scarlet Fever
Second (Immediate.)

Duration of Last Sickness, Ten day

All the above information should be furnished by the Physician.

Place of Burial, Balle Cemetery

Date of Burial, Feb 17 1876

Undertaker, Hughes & Co

Place of Business, S. Broadway

S. T. Coyman *M. D.*
Medical Attendant.

Address 134 N. High

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8128.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 16 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, February 15th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Joseph Jacob Ganzemiller

Sex, Male [illegible], {Cross out the word not required in this line.} Male

Age, [illegible], [illegible], — 15 — *Days.*

Color, White

[illegible], {Cross out the words not required in this line.}

[illegible],

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} No 101 South Chapel St

Cause of Death, {First (Primary.) Second (Immediate,)} Trismus Nascentium

Duration of Last Sickness,

All the above information should be furnished by the Physician

Place of Burial, St. [illegible] Cemetery

Date of Burial, Febuary 17th 1876

Undertaker, John Brown

Place of Business, No 77 Wolf St

Thomas D. Evans. M. D.
Medical Attendant.

Address No 18 Jackson Square

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of Illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8129

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 17 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 3 p. m. Feb. 15th 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Herman Wagner.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 9 *Years,* 11. *Months,* 15 *Days.*

Color, White *Sex,*

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Shumaeker

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germanij

Duration of Residence in the City of Baltimore, Two years.

Place of Death, {Give street and number.} 214 Pine Str.

Cause of Death, First (Primary,) Consumpteon

Second (Immediate,)

Duration of Last Sickness, One monther

All the above information should be furnished by the Physician.

Place of Burial, in Bruidhill Park

Date of Burial, Feb. 17th 1876

Undertaker, Adam Weidemeyer

Place of Business, 518 W. Baltimore St

John I. Titzer. M. D.

Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5130

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 17 1876 BALTIMORE

Date of Death, February 16th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Linnenbom

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 55 *Years.* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Housekeeper

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 25 years

Place of Death, {Give street and number.} 30 Albemarle St.

Cause of Death, {First (Primary,) Fatty degeneration of Heart

Second (Immediate,) 2 years.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St. Aloysius Com

Date of Burial, 18th Feb

Undertaker, George Shultis

Place of Business, 165 South Bond st

J. H. Smith *M. D.*
Medical Attendant.

Address 108 S. Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8131

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 17 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 16th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James Campbell

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ~~Years,~~ *Months,* 3 *Days.*

Color, white

~~Married~~, ~~Single~~, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto city

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 21 Wyeth St

Cause of Death, {First (Primary,) / Second (Immediate,)} Convulsions Infantile

Duration of Last Sickness, a few hours

All the above information should be furnished by the Physician

Place of Burial, St. Peters Cemetery

Date of Burial, Feb 17th 1876

Undertaker, L. B. Cook

Place of Business, 707 W. Balto St

Jas. A. Stewart M. D.
~~Medical Attendant~~

Address Commiss of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Jane Mullen Midwife

[OVER.]

Board of Health, City of Baltimore,

Permit No. 8132

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 17 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 16th 1876

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Charles Howard Seager

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, One *Years,* one *Months,* Twenty two *Days.*

Color, White *Sex,* Male

Married, ~~Single, Widow or Widower~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } N W cor Mec Henry & Fremont Sts

Cause of Death, { First (Primary,) Marasmus
Second (Immediate,) Basilar Meningitis

Duration of Last Sickness, About Ten Months

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Feby 17th 1876

Undertaker, Jno. S. Maker

Place of Business, 150 Camden St.

E. L. Price & Son M. D.
Medical Attendant.

Address 262 Madison Av

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8133

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 17 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 15th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Papa Fahey

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, *Years,* 1 *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt- Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 4 Morris Alley

Cause of Death, {First (Primary,) Unknown

{Second (Immediate.)

Duration of Last Sickness, One day

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery Tho. S. Latimer M. D.

Date of Burial, Feb 17th 1876 Medical Attendant.

Undertaker, Joseph F Boyce *Address* 248 Madison Ave

Place of Business, 52 or Fabius st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8134

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 17 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feby 16th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} D. E. Mills

Sex, Male or Female, {Cross out the word not required in this line.} Male / Female

Age, 3 *Years,* 9 *Months,* 4 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 16 Patuxent St

Cause of Death, {First (Primary,) Scarlet Fever

{Second (Immediate,)

Duration of Last Sickness, 14 Days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park E I Williams *M. D.*

Date of Burial, Feb 18th 1876 Medical Attendant.

Undertaker, Armstrong & Denn

Place of Business, 263 Fayette St *Address* No 33 Albert St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8135

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 17 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feby 15 1876

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Joseph Fisher

Sex, Male ~~or Female,~~ { Cross out the word not required in this line. }

Age, 65 *Years,* *Months,* *Days.*

Color, White *Sex,*

~~Married, Single, Widow~~ or *Widower,* { Cross out the words not required in this line. }

Occupation, Laborer

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Bavaria — Ger —

Duration of Residence in the City of Baltimore, 30 Years

Place of Death, { Give street and number. } 273 N. Central Avenue

Cause of Death, { First (Primary,) Fatty degeneration of Heart
Second (Immediate,) & Lung Con

Duration of Last Sickness, 8 years

All the above information should be furnished by the Physician.

Place of Burial, Bell Grason Center

Date of Burial, February 18 1876

Undertaker, Henry Stuck *Address* 188 N. Calvert St.

Place of Business, 209 Central Ave

Oscar Kostery M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8136

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 17 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 17th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John H Lee

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ____ *Years,* 7 *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} B city

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number.} 37 Wyeth al

Cause of Death, {First (Primary,) Scarlet Fever

{Second (Immediate,)

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician

Place of Burial, Loudon Park

Date of Burial, Feb 18th 1876

Undertaker, C. H. Blizzard

Place of Business, Ettering St

A Hinney *M. D.*
Medical Attendant.

Address 76 S Paca St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8137

The Physicinn who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 17 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feby 16th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ann Maria Thomas

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 66 *Years,* — *Months,* — *Days.*

Color, Colᵈ *Sex,* Fem.

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 261 Montgomery St.

Cause of Death, {First (Primary,) / Second (Immediate,)} Debility & old age —

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Country

Date of Burial, Feb 17. 76

Undertaker, J. W. Coleman

Place of Business, 19 E. Hamilton

R. J. H. Tall, M. D.
Medical Attendant.

Address 15 & S. Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 8138.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 17 1876 BALTIMORE

Date of Death, Friday 14 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Peter Hammond

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 45 *Years,* *Months,* *Days.*

Color, Col

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Coachman

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, 45 Yrs

Place of Death, {Give street and number.} No 25 Lewis alley

Cause of Death, {First (Primary.) Abscess / Second (Immediate.)}

Duration of Last Sickness, 16 Months

All the above information should be furnished by the Physician

Place of Burial, Laurel Cemetery

Date of Burial, Feb 17th 1876

Undertaker, Jno B. Williams

Place of Business, 17 Lee st

J H Tuttle *M. D.*
Medical Attendant.

Address 23 Franklin

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8139

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 17 1876 BALTIMORE

Date of Death, February 16th 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James M. Hennan

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, Thirteen *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, — School boy

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, all his life

Place of Death, {Give street and number.} No 99. McCulloh St. near Hoffman

Cause of Death, First (Primary,) Scarlatina Maligna.

Second (Immediate,) Hæmorrhage from the Mouth.

Duration of Last Sickness, Eleven days.

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemetery

Date of Burial, February 19th 1876.

W. Crean Bibbs M. D.
Medical Attendant.

Undertaker, John H. Weaver

Place of Business, # 22 N. Fayette St. *Address* 47. Franklin St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8140

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 17 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 16th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James Walls

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 4 *Years,* 1 *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 87 Harrison St

Cause of Death, {First (Primary,) Scarlet Fever

{Second (Immediate,)

Duration of Last Sickness, 14 Days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cimitery E. I. Williams M. D.

Date of Burial, February 18th 1876 Medical Attendant.

{*Undertaker,* H. M. Gibmeyer *Address* 33 Elliot St

{*Place of Business,* 341 Cantun Av,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8 1 of 1

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 17 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 16th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Chaney Townsend

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 81 *Years,* *Months,* *Days.*

Color, W *Sex,* F

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation, Lady

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Worcester Co Md

Duration of Residence in the City of Baltimore, about 40 years

Place of Death, {Give street and number.} 232 Druid Hill av

Cause of Death, First (Primary,) Apoplexy

Second (Immediate,) 2 weeks

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, 18th July 1876

E Innis Lane M. D.
Medical Attendant.

Undertaker, Jacob Weaver

Place of Business, 446 Druid Hill av

Address 23 W Cullod st Balto

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8142

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 17 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 17th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Simon Gardner Cheever

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 62 *Years,* *Months,* *Days.*

Color, white *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Capitalist

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Boston Mass

Duration of Residence in the City of Baltimore, Two months

Place of Death, {Give street and number.} 105 North Charles Street

Cause of Death, First (Primary,) Organic disease of the heart

Second (Immediate,) " " "

Duration of Last Sickness, from Jan 1875. to date

All the above information should be furnished by the Physician.

Place of Burial, Boston Mass

Date of Burial, ✓

Jos. Lloyd Martin M. D.
Medical Attendant.

Undertaker, Hy W Jenkins & Son

Place of Business, 16 Light St Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

(Transit # 357)

Board of Health, City of Baltimore,

Permit No. 8143

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 17 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 15th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henry E. Moore,

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, — — *Years,* — — *Months,* 5 *Days.*

Color, Col *Sex,* Male

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, — —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 67 6th Alley

Cause of Death, First (Primary,) Infantile Convulsions

Second (Immediate,) " "

Duration of Last Sickness, Two days

All the above information should be furnished by the Physician.

Place of Burial Loudon Cemetery

Date of Burial, Feb 17th 1876

John D Pennington M. D.
Medical Attendant.

Undertaker, W. M. Finney Jr.

Place of Business, 65 Smallbey St. *Address* 210 Franklin st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8144

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPART... FEB 17 1876 ...TIMORE

CERTIFICATE OF DEATH.

Date of Death, Feby. 17. 76

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Edwin J Rouse

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ~~Years,~~ 4 *Months,* 9 *Days.*

Color, White *Sex,* See above

~~Married~~, *Single*, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto all its life

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 73 N Poppleton St

Cause of Death, First (Primary,) Inanition

Second (Immediate,)

Duration of Last Sickness, all its life

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet

Date of Burial, Feb. 18th

Undertaker, Wm J. Ficken

Place of Business, 65 S. Eutaw *Address*

W. H. Kemp M. D.
Medical Attendant.

55 N Gorsuch.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8145

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 18 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 14th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sarah Jane Gardner

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 34 *Years,* 9 *Months,* 29 *Days.*

Color, White

Married, ~~Single, Widow or Widower.~~ {Cross out the words not required in this line.}

Occupation, Wife

Birthplace, {State or country (and how long in the United States, if of foreign birth)} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 6 y Gonidal c

Cause of Death, {First (Primary.) Phthisis Pulmonalis
Second (Immediate.)}

Duration of Last Sickness, 3 years

All the above information should be furnished by the Physician

Place of Burial, Potters Cemetery

Date of Burial, February 18th 1876

Undertaker, Chas F. Fields

Place of Business, 161 Hanover St

Geo. H. Benson *M. D.*
Medical Attendant.

Address 161 Hanover St
City

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8146.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 18 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 16th 1896

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James H. Etherill Johnson

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 5 *Years,* 4 *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number.} 260 E. Chase St.

Cause of Death, First (Primary,) Water Melon seed in Larynx

Second (Immediate,) Traumatic Pneumonitis

Duration of Last Sickness, August 1 Sh.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Feb 18/96

James E. Donnelle M. D.
Medical Attendant.

Undertaker, Murphy

Place of Business, 514 N Broadway *Address* 299 E. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8147

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 18 1896 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 17th 1896

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie Bauersfeldt

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 4 *Years,* 3 *Months,* 27 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore, Md

Duration of Residence in the City of Baltimore, All her life

Place of Death, {Give street and number.} 239 N. Gay St. Baltimore Md

Cause of Death, {First (Primary,) Diphtheritic croup / Second (Immediate,)

Duration of Last Sickness, Two days,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery.

Date of Burial, February 19th 1896.

John Morris M. D.
Medical Attendant.

Undertaker, Wm. H. Hickman *Address*

Place of Business, 234 N. Gay St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-elght hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. ~~XXXX~~ 8148

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 19 1876 BALTIMORE

Date of Death, Feb. 16th 1876

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Alexander Allen

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 81 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, ~~Single, Widow or Widower~~, { Cross out the words not required in this line. }

Occupation, Lumber Yard dealer

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Ireland

Duration of Residence in the City of Baltimore, 41 Years

Place of Death, { Give street and number. } 20 & Aisquith Sts

Cause of Death, { First (Primary.) Nervous Prostration & Loss of Sight / Second (Immediate.) Fall

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, February 18th 1876

Undertaker, Wm. H. Hickman

Place of Business, 234 W. Gay St

D: Gen. H. Hayes M. D.
Medical Attendant.

Address 18 Aisquith St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8149

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 18 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 17th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Amanda Schneider

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 24 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Housewife

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Entire Life

Place of Death, {Give street and number.} # 61 Milliken St

Cause of Death, First (Primary,) Consumption

Second (Immediate.)

Duration of Last Sickness, 11 Months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Comb.

Date of Burial, Feb 20. 1876.

Undertaker, H. Hofmann,

Place of Business, 63 N. Eutaw St.

M. D.
Medical Attendant.

Address [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8150

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
FEB
19
1876
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb. 18. 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Faulk

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 6 *Years,* 5 *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt. City

Duration of Residence in the City of Baltimore, during life

Place of Death, {Give street and number.} 182 Preston St.

Cause of Death, First (Primary,) Scarlet fever

Second (Immediate,) albuminaria. Hydrothorax

Duration of Last Sickness, 4 2 days

All the above information should be furnished by the Physician.

Place of Burial, Balt Cemetary

Date of Burial, Feb 20th 1876

Undertaker, Jacob Weaver

Place of Business, No 486 Druid Hill Avenue

Marbury Brewer M. D.
Medical Attendant.

Address 201 W. Biddle

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8167

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 18 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 16th Feb 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Caroline Mitchell

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 28 *Years,* *Months,* *Days.*

Color, Colored *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} married

Occupation, Dro.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Harford Co

Duration of Residence in the City of Baltimore, 20 yrs / 8?

Place of Death, {Give street and number.} 157 N. Howard St

Cause of Death, First (Primary,) Consumption

Second (Immediate,) "

Duration of Last Sickness, 2 yrs

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feb 18 - 1876

Undertaker, John L Linton

Place of Business, No 63 Park Ave

F. D. Malcolm M. D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8152

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 19 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feb. 16th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Joseph Covington

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 80 *Years,* *Months,* *Days.*

Color, col

~~Married~~, ~~Single~~, ~~Widow~~ or Widower, {Cross out the words not required in this line.}

Occupation, White washer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Annapolis, Maryland

Duration of Residence in the City of Baltimore. about 25 years

Place of Death, {Give street and number.} Douglas 21 19

Cause of Death, {First (Primary,) / Second (Immediate,)} Pneumonia

Duration of Last Sickness, 4 weeks

All the above information should be furnished by the Physician

Place of Burial, Laurel Cemetery

Date of Burial Feb. 18th 1876

Undertaker, Wm N. Langer

Place of Business, No 107 East St.

E. G. Baldwin M. D.
Medical Attendant.

Address 124 N. Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8153

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 19 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 17th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Campbell

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.} Female

Age, 34 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, ~~Single,~~ ~~Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Housekeeper

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Lombard St Infirmary.

Cause of Death, First (Primary,) Phthisis

Second (Immediate,) asthenia

Duration of Last Sickness, Five Months

All the above information should be furnished by the Physician.

Place of Burial, Bell Cemetery

Date of Burial, Feb 19 ten O'clock

Undertaker, Geo C Rodenmayer

Place of Business, 38 Eager St *Address* Univ Hospital

T. A. Ashby M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8157

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feby 17th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Dunn

Sex, Male or Female, {Cross out the word not required in this line.} Male.

Age, 2 Months *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 185 Conyngham St.

Cause of Death, First (Primary,) Scarlet Fever

Second (Immediate,) Meningeal Inflammation.

Duration of Last Sickness, 17 days

All the above information should be furnished by the Physician.

Place of Burial, St Peters

Date of Burial, Feb 18

Undertaker, J B Cook

Place of Business, 707 West Baltimore *Address*

Wm Whitridge M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

F E T Y F I L

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8155

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, February 17th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mrs. Mary C. Lang

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Sixty Six *Years,* Six *Months,* Eight *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, Forty Years

Place of Death, {Give street and number.} No. 75 Pierce St.

Cause of Death, {First (Primary,) Consumption
Second (Immediate.)

Duration of Last Sickness, Three weeks

All the above information should be furnished by the Physician.

Place of Burial, H. Alphonsus Cem. *Wm.* H. Boudinier, *M. D.*
Medical Attendant.

Date of Burial, 17th of Feb.

Undertaker, P. Kümmel. *Address* No. 93 N. Broadway

Place of Business, 311 Mulberry St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

K O D A K S A

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8156

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 1976 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 18th, 4.10 a.m.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles Smith

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, Thirty-six (36) *Years,* Four (4) *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Driver

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, Sixteen years

Place of Death, {Give street and number.} N. E. Cor. Howard & Penn Streets

Cause of Death, First (Primary,) Pneumonia, Complicated by Delerium Tremens

Second (Immediate,) Asphyxia

Duration of Last Sickness, Five (5) days.

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, 19th. February

Undertaker, W. P. Fill *Address* 15 N. Howard St

Place of Business, 183. Columbia ave

Wm H. Alderdice M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8157

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb 17th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lucinda Yeates

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ~~Years,~~ *Years,* 1 *Months,* 6 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balty City

Duration of Residence in the City of Baltimore. Life

Place of Death, {Give street and number.} 11 Parish alley

Cause of Death, {First (Primary,) Cold from Neglect

Second (Immediate,) Marasmus

Duration of Last Sickness, old it's life

All the above information should be furnished by the Physician

Place of Burial, W. Potters Field

Date of Burial, Feb 19 1876

Undertaker, M. H. C. Perry

Place of Business,

_____ *M. D.*

~~Residence.~~

Address Commissioners of Health

& Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Information Mary E. Yeates Mother

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8158

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 18th 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wm Geo. Ebeline

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 12 *Years,* — *Months,* — *Days.*

Color, — *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City —.

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 338 Hanburg St,

Cause of Death, {First (Primary,) / Second (Immediate,)} Chronic Albuminuria

Duration of Last Sickness, Seven months

All the above information should be furnished by the Physician.

Place of Burial, Western Cem.

Date of Burial, Feb. 20th

Undertaker, H. & J. Tiemer

Place of Business, 65 S. Eutaw

R. J. H. Tall M. D.
Medical Attendant.

Address 158 S. Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8159

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 18 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 17th Feb 1867

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Merab Milliron

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 89 *Years,* *Months,* *Days.*

Color, W *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt county

Duration of Residence in the City of Baltimore, 50

Place of Death, {Give street and number.} 96 Myrtle ave

Cause of Death, First (Primary,) old age

Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Balto county

Date of Burial, Feb 19th 1876

Undertaker, Jacob Weaver

Place of Business, No 486 Druid Hill Avenue *Address*

Y. T. Knight M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8160

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 17. 2. 76

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Anna Pfeiffer

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 2 *Years,* ——— *Months,* 17 *Days.*

Color, white

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, ———

Place of Death, {Give street and number.} 71 E. Lafayette Street

Cause of Death, {First (Primary,) Pertonitis. Second (Immediate,) Abscesses multipli, Pyaemia

Duration of Last Sickness, 1 week

All the above information should be furnished by the Physician

Place of Burial, Mt. Olivet Cem.

Date of Burial, Feb. 19th 1876.

{*Undertaker,* John Braun
{*Place of Business,* 770 N. Gay

Mathieu M. D.
Medical Attendant.

Address 245 E. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8161

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 19 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feb 15, 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Ann, Matthews

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, Years, about 8 weeks Months, Days.

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} Cor Gilmor & Prestman

Cause of Death, First (Primary,) Diarrhoea

Second (immediate,) Pulmonary Collapse

Duration of Last Sickness, Two days

All the above information should be furnished by the Physician.

Place of Burial, Mount River

Date of Burial, Feb 18

Thos. S. Latimer M. D.
Medical Attendant.

Undertaker, G. H. Buzzard

Place of Business, 187 Saratoga Address 248 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8162

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ~~accurately filled out~~, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 19 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 18th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John J. Barrett.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 61 *Years,* *Months,* *Days.*

Color, *Sex,* —

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Painter,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Cork Ireland

Duration of Residence in the City of Baltimore, Two Years. —

Place of Death, {Give street and number.} 20 121 Linden Ave

Cause of Death, First (Primary,) Fall. —

Second (Immediate,) Acute Cerebritis

Duration of Last Sickness, One week. —

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cem

Date of Burial, Feb 20th 1876

Undertaker, Chas. T. Scriven

Place of Business, No 2711 E. Eutaw St

Chas. H. Smith M. D.
Medical Attendant.

Address 62 Gold St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8113

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 19 1896 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Febry 18th 1896

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Harry Frank.

Sex, Male or ~~Female,~~ {Cross out the word not required in this line.}

Age, Six Months *Years,* —— *Months,* —— *Days.*

Color, White *Sex,* Male

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} No 65. N. Front St

Duration of Residence in the City of Baltimore, 6 mo.

Place of Death, {Give street and number.} No 65 N. Front St

Cause of Death, First (Primary,) Intussusception

Second (Immediate,) Enteritis.

Duration of Last Sickness, Five days

All the above information should be furnished by the Physician.

Place of Burial, Lloyd Cemetery *Medical Attendant.* Christoph Johnston M. D.

Date of Burial, Febr 21st

Undertaker, Wm Cleaver

Place of Business, 101 Gough St *Address* No 82. Franklin St Balto.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8164

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 19 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, February 18th 76

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Minna Schlothauer

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 7. *Years,* 8 *Months,* 3 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore. Always.

Place of Death, {Give street and number.} 33 N. Paca

Cause of Death, First (Primary,) Entro-Colitis

Second (Immediate,) Spinal Meningitis

Duration of Last Sickness, 4 days.

All the above information should be furnished by the Physician

Place of Burial, Western Cemetery

Date of Burial, February 20th 76

Louis H. Turner M. D.
Medical Attendant.

Undertaker, Jos Lorne

Place of Business, 568 W. Balto Address 216 Lombard St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 8165

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 19 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 18th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Fanny Eugenia Carey

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, ——— *Years,* 22 *Months,* ——— *Days.*

Color, White *Sex,* female

~~Married~~, *Single*, *Widow or Widower*, {Cross out the words not required in this line.}

Occupation, infant

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore — a 19th April 1874

Duration of Residence in the City of Baltimore, — from birth

Place of Death, {Give street and number.} 216 N. Biddle St.

Cause of Death, First (Primary,) Bartuzis

Second (Immediate,) Meningitis — by metastasis

Duration of Last Sickness, ten days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Feb 20th 1876

Undertaker, Henry H. Mears

Place of Business, 45 N Gay St

Alfred Hartzog, M. D.
Medical Attendant.

Address 234 N. Biddle St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8166

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 19 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, February 18th 10.30 h. a. m.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Barbara Schnorr.

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 1/8 *Years,* 10 *Months,* 1 2 *Days.*

Color, Whit *Sex,* Female

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, 0

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, Nerly years

Place of Death, {Give street and number.} 1/13 Gaunton Av.

Cause of Death, {First (Primary,) Consumption
Second (Immediate,)

Duration of Last Sickness, Six Months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemt.

Date of Burial, Feb. 20. 1876.

John D. Zitzer M. D.
Medical Attendant.

{*Undertaker,* H. Hohmann.
Place of Business, 63 N. Eden St. *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8167.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 19 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 18th 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sam'l E. Munson

Sex, Male or Female, {Cross out the word not required in this line.} M.

Age, 26 *Years,* *Months,* *Days.*

Color, W *Sex,* M

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Blockmaker

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt City.

Duration of Residence in the City of Baltimore, lifetime

Place of Death, {Give street and number.} 61 Gough St.

Cause of Death, First (Primary,) Phthisis Pul.

Second (Immediate,)

Duration of Last Sickness, 3 yrs.

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cemetery H. T. Reynolds M. D.

Date of Burial, Feby 20th 1876 Medical Attendant.

Undertaker, Hughes & Co *Address* Eastern Dispensary

Place of Business, 65 & Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8168

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 19 1876 BALTIMORE

Date of Death, Feby 17th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jno Wesley Parker

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, —— *Years,* 2 *Months,* —— *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ——

Occupation, ——

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore. Since birth

Place of Death, {Give street and number.} 210 Hughes St

Cause of Death, {First (Primary,) Pneumonia / Second (Immediate,)}

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, W P Fuld

Date of Burial, Feb 19

Undertaker, M & G Perry

Place of Business, 448 W Pratt

R. C. Lee M. D.
~~Medical Attendant~~ Coroner 3 D.

N. W. cor. Hanover & Barre Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT FEB 13 1876 BALTIMORE

Permit No. 8169

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ~~accurately filled out~~, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb 12th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James O Honran

Sex, Male or ~~Female,~~ {Cross out the word not required in this line.}

Age, 4 years ~~9 mos~~ *Years,* 9 *Months,* 23 *Days.*

Color, White *Sex,* Male

~~Married~~, *Single,* ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Monument Street Balt

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 22 Hillen Street

Cause of Death, {First (Primary,) Dropsy of Heart

Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Ground

Date of Burial, Feb 20th 1876

{*Undertaker,* Jones Express

Place of Business, Front St

E. E. Jordan M. D.
Medical Attendant.

Address 134 N. High St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The special attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8170

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE FEB 23 1876

CERTIFICATE OF DEATH.

Date of Death, Feby 19th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Kate Dalton

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 20. *Years,* 8. *Months,* 5 *Days.*

Color, *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Residence J D A H Saston 543 Lexington St

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate,)

Duration of Last Sickness, 8 months

All the above information should be furnished by the Physician.

Place of Burial, Cathedral

Date of Burial, Feb 28th 1876

Undertaker, Joseph F Byrne

Place of Business, 57 n Liberty St *Address*

A H Saston M. D.
543 Lexington St *Medical Attendant.*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8171

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. FEB 23 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb. 18th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wm Albert Payton

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 11 *Years,* *Months,* *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life Time

Place of Death, {Give street and number.} No 23 Vincent alley

Cause of Death, {First (Primary,) Second (Immediate,)} Cholera Morbus

Duration of Last Sickness, 48 hours

All the above information should be furnished by the Physician

Place of Burial, Laurel Cem.

Date of Burial, Feb. 20th 1876

{*Undertaker,* J. Dunyee / *Place of Business,* East st.}

James A Steuart M. D.
Medical Attendant

Address Commiss of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Charles Payton Father

[OVER.]

Physicians are respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8172

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 28 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 18th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George W Gill

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 68 *Years,* 0 *Months,* 5 *Days.*

Color, White. *Sex,* Male

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Farmer in Balto County

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto County, Md

Duration of Residence in the City of Baltimore, No Residence

Place of Death, {Give street and number.} No 69 Risgwith st

Cause of Death, First (Primary,) Congestion of Lungs & Liver

Second (Immediate,)

Duration of Last Sickness, Suddenly ill 5 days

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, Feb 21st/76

Undertaker, Geo. Schilling

Place of Business, cor Risgwith & Monument st

Address No 121 E Baltimore st

Ridgway Andre M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The special attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8173

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. FEB 25 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Febuary 19 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Catherine Welkins

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.} Fmale

Age, Two *Years,* One *Months,* 19 *Days.*

Color, White *Sex,* Female

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.} ———

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Monument St No 3

Duration of Residence in the City of Baltimore, from birth

Place of Death, {Give street and number.} Buren St No 21

Cause of Death, {First (Primary,) Scarlet Fever / Second (Immediate,)

Duration of Last Sickness, Ten days

All the above information should be furnished by the Physician.

Place of Burial, Balto. Cemetry

Date of Burial, feb 20th 1876

Undertaker, John F. b. Offutt

Place of Business, 27. Orleans st

J. McConnell M. D.
Medical Attendant.

Address 28 South Green st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

...ysicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5174

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT FEB 3 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 18th 1876.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Edd X. Hilliard,

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 1 *Years,* 1 *Months,* 23 *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Balt. City,

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 692 N Linden Ave

Cause of Death, { First (Primary,) Scarlatina Maligna,
Second (Immediate,)

Duration of Last Sickness, Five Days.

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet, Bc

Date of Burial, Feb 3rd 1876

Undertaker, J. B. Blackistone

Place of Business, 606, Balt st *Address*

John I. K. Kruger M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 8175

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. FEB 23 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb. 19th 10 A. M.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Eva Reinhardt

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 66 *Years,* 2 *Months,* 13 *Days.*

Color, White *Sex,*

~~Married~~, ~~Single~~, *Widow or* ~~Widower~~, {Cross out the words not required in this line.}

Occupation, "

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Bavaria. In U. S. 19 yrs

Duration of Residence in the City of Baltimore, Nineteen Years

Place of Death, {Give street and number.} 16 Poultney Street

Cause of Death, First (Primary,) Albuminuria

Second (Immediate,) Debility

Duration of Last Sickness, Five Months

All the above information should be furnished by the Physician.

Place of Burial, St Alphans Cemetry

Date of Burial, Feb 21

Undertaker, H Brice

Place of Business, Henrietta N 81

W. P. Staeger *M. D.*
Medical Attendant.

Address 54 Columbia

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...ysicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8176

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 23 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 18th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George Fusher

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 25 *Years,* *Months,* *Days.*

Color, Mulatto *Sex,*

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, Six yrs

Place of Death, {Give street and number.} Infirmary Lombard St.

Cause of Death, {First (Primary,) Phthisis / Second (Immediate,) asthenia

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, Loorel cemetry

Date of Burial, Feb 20. 76

Undertaker, John W. Lacks

Place of Business, 859. S. Alfred st

T. A Ashby M. D.
Medical Attendant.

Address Univ. Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8177

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. RECEIVED FEB 26 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb. 19th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Willie Cornish

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ____ *Years,* 1 *Months,* ____ *Days.*

Color, Colored *Sex,* Male

~~Married, Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, ____

Birthplace, {State or country (and how long in the United States, if of foreign birth.} No 23. Street.

Duration of Residence in the City of Baltimore, One month

Place of Death, {Give street and number.} No 42. Street.

Cause of Death, First (Primary,) Capillary Bronchitis.
Second (Immediate,) Asthenia.

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feb. 19th 1876

Undertaker, Wm. N. Dugan

Place of Business, No 104 East St

W. B. O'Reilly M. D.
Medical Attendant.

Address 235 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8178

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. FEB 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 18. 76

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Harry Bosley

~~*Sex*~~, *Male* ~~*or Female*~~, {Cross out the word not required in this line.}

Age, 0 *Years,* 7 *Months,* *Days.*

Color, Mulatto — *Sex,* male

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, 7 months

Place of Death, {Give street and number.} No 72. Davis St-

Cause of Death, First (Primary,) Scald.

Second (Immediate,) Convulsions. Internal hemorrhage -

Duration of Last Sickness, 6 48 hours -

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feb 19th 1876

Undertaker, Wm M. Deenger

Place of Business, Ner 104 East St

B W Barton M. D.
Medical Attendant.

Address 119 W. Madison St —

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8179

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. FEB 23 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 18th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lizzie Dunger

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 5 *Years,* *Months,* *Days.*

Color, Colored *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, 5 years.

Place of Death, {Give street and number.} 69 East St.

Cause of Death, First (Primary,) Epilepsy

Second (Immediate,)

Duration of Last Sickness, 4 years

All the above information should be furnished by the Physician.

Place of Burial, Loud Cemetery

Date of Burial, Feb. 19th 1876

Undertaker, Wm H. Dunger

Place of Business, No 104 East St.

Saml L Powell M. D.
Medical Attendant.

Address No 29 Augusta St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...Physicians is respectfully invited to the remarks below, and to List of Diseases on back ... Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8180.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 20 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Febry 19th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Louis Schuble

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 39 *Years,* *Months,* *Days.*

Color, Wh *Sex,*

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 9yrs

Place of Death, {Give street and number.} St Josephs Hospital Caroline & Eager

Cause of Death, First (Primary,) Tetanus

Second (Immediate,) Coma

Duration of Last Sickness, 2wks

All the above information should be furnished by the Physician.

Place of Burial, St Alphons Cemetery Owen Keaney M. D.

Date of Burial, 21 February 1876 Residence (Attendant.)

Undertaker, Adam Fink *Address* St Josephs Hosp

Place of Business, 461 North Gay St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8181.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 29 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feb. 20. 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary S. Hankins

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 13 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ~~Baltimore~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 179 N. Poppleton.

Cause of Death, First (Primary,) Pericarditis.

Second (Immediate,)

Duration of Last Sickness, 1 Month.

All the above information should be furnished by the Physician.

Place of Burial, Lauden Park

Date of Burial, Feb 21 st

Undertaker, Ch. Herold

Place of Business, Hanover st

J. H. C. Cuda, *M. D.*
Medical Attendant.

Address 313 Franklin St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8182

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 20 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb. 19th 76

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Bradley

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 77 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widower

Occupation, Don't know

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, Don't Know

Place of Death, {Give street and number.} Inst. Little Sisters of the Poor

Cause of Death, First (Primary,) Paralysis

Second (Immediate,)

Duration of Last Sickness, One Month

All the above information should be furnished by the Physician.

Place of Burial, St. Vincent Cem'y

Date of Burial, Feb'y 21st 1876

Undertaker, Wm Schuetkes

Place of Business, Monuments

Jno Burke Boyle M. D.
Medical Attendant.

Address 166 E. Eager st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8183

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 20 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb. 19th, 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Harriet E Young

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 24 *Years,* — *Months,* — *Days.*

Color, Colored *Sex,* Female

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 24 Years -

Place of Death, {Give street and number.} No. 7. Pratt -

Cause of Death, First (Primary,) Broncho-pneumonia

Second (Immediate,) Phthie-pulmonalie -

Duration of Last Sickness, about 6 mos.

All the above information should be furnished by the Physician.

Place of Burial, Laurel County Eldridge C. Price M. D.

Date of Burial, Feb 26. 76 Medical Attendant.

Undertaker, S. M. Chase *Address* 262. Madison Ave.

Place of Business, 182 W Howard st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 8184

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8184

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 18th February 1876

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } George B Dawes

Sex, Male or Female, { Cross out the word not required in this line. }

Age, ~~Years,~~ 7 *Months,* *Days.*

Color, W *Sex,*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 103 Wilson Alley

Cause of Death, { First (Primary,) / Second (Immediate,) } Pneumonia

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feb 20 '76

A Dick M. D.
Medical Attendant.

{ *Undertaker,* Samuel Chase Address 30 N. Fremont St
{ *Place of Business,* 1[illegible] Hanover

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...SPECIAL ATTENTION OF PHYSICIANS IS RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

8185

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8185

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 24 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 17th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} New born Babe

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, 1 hour ~~Years,~~ ~~Months,~~ ~~Days.~~

Color, Negro

~~*Married, Single, Widow or Widower,*~~ {Cross out the word is not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country (and how long in the United States, if of foreign birth)} 17 Stockholm st

Duration of Residence in the City of Baltimore. Life

Place of Death, {Give street and number} 17 Stockholm st

Cause of Death, {First (Primary,) / Second (Immediate,)} Inanition

~~*Duration of Last Sickness,*~~

All the above information should be furnished by the Physician

Place of Burial, Laurel Cemetery

Date of Burial, F. 6 19 76

Undertaker, [illegible]

Place of Business, [illegible]

Wm Margaret A. Richmond ~~M.D.~~ Attending Physician

Address 189 Lee st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8186

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 20 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 19th Feb 76

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Friederike Schneider

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 76 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 71 years

Place of Death, {Give street and number.} 221 Montgomery St.

Cause of Death, First (Primary,)

Second (Immediate,) Enteritis

Duration of Last Sickness, Ten weeks

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Feb. 21 1876

Undertaker, Charles F. Hearndl *Address*

Place of Business, 161 Hanover St

R. Willis M. D.
Medical Attendant.

95 S. Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 1

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8187

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 20 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 18th Midnight 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Agnes Reed

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 16 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Prince George Co.

Duration of Residence in the City of Baltimore, 5 mos

Place of Death, {Give street and number.} 9 Bennets St. Canton

Cause of Death, First (Primary,) Consumption

Second (Immediate,)

Duration of Last Sickness, Two Years

All the above information should be furnished by the Physician.

Place of Burial, Prince George Co. James E. Donnelly M. D.

Date of Burial, Feb. 20th 76 Medical Attendant.

Undertaker, Michael Trance

Place of Business, 220 Canton Ave Address 299 E. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Issued 20/.

No. [illegible]

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8188.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 20 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, February 19th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George William Myers

Sex, Male ~~Female~~, {Cross out the word not required in this line.} Male

Age, — ~~Years~~, Three *Months,* — 20 — — *Days.*

Color, White

~~Married, Single, Widowed, Colored~~, {Cross out the words not required in this line.}

~~Occupation~~,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore. Life

Place of Death, {Give street and number.} No 944 Eastern Avenue

Cause of Death, First (Primary,) Meningitis

Second (Immediate,) Convulsions

Duration of Last Sickness, — Two days —

All the above information should be furnished by the Physician

Place of Burial, Mount Carmel Cemetery

Date of Burial, Febuary 21st 1876

Undertaker, Lewis Cramer

Place of Business, 119 Caton Avenue

Thomas D. Evans — M. D.
Medical Attendant.

Address No 18 Jackson Square

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8189

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 21 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 19th 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Mary A. Woodward

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1 9 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

~~*Married*~~, *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, 19 years

Place of Death, {Give street and number.} # 601 N. Fayette St.

Cause of Death, {First (Primary,) Scarlet Fever

{Second (Immediate,) Nine Days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, February 21st 1876

Undertaker, Coon & Co.

Place of Business, # 550 N Fayette st *Address*

J. F. Linthicum M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8190

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 21 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 14 February

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Bernhard Le Boer

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, 27 *Years,* 5 *Months,* 13 *Days.*

Color, white *Sex,* male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} single

Occupation, clerk

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Emden (Germany) — 7 years in United States.

Duration of Residence in the City of Baltimore, 7 years

Place of Death, {Give street and number.} W. Lombard Street 347

Cause of Death, First (Primary,) Consumption

Second (Immediate,) Exhaustion

Duration of Last Sickness, 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, 21st February

Dr F Reinhard M. D.
Medical Attendant.

Undertaker, H. Meyer

Place of Business, 186 N Howard Street *Address* 224 W Fayette Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

SAFETY FILM

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8191

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 21 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 20th 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Louisa Webb Mason

Sex, ~~Male or Female~~, {Cross out the word not required in this line.}

Age, 4 *Years,* 3 *Months,* 2 4 *Days.*

Color, White *Sex,* Female

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, 4 yrs 3 Mo's 24 days

Place of Death, {Give street and number.} # 693 W. Saratoga

Cause of Death, First (Primary,) Congestion of Brain

Second (Immediate,) Convulsions

Duration of Last Sickness, 24 hours

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, Feb. 21st 1876.

Undertaker, Jos Lowe

Place of Business, 54 & Balto St

Jas. G. Linthicum M. D.
Medical Attendant.

Address # 584 W. Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

KODAKS

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8192

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 21 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 20 February

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Wellner

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, 2 *Years,* 2 *Months,* 22 *Days.*

Color, white *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany at Linzen

Duration of Residence in the City of Baltimore, 2 years

Place of Death, {Give street and number.} N. Peter Street 85

Cause of Death, First (Primary,) Scarlet fever

Second (Immediate,) Exhaustion

Duration of Last Sickness, 18 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, 22 February

Undertaker P. L. Tittle

Place of Business, Columbia Street

A F Reinhard M. D.
Medical Attendant.

Address 224 W Fayette Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 8195

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 21 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 19th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Nancy W Burnell.

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 38 *Years,* — *Months,* — *Days.*

Color, White *Sex,* Female

Married, ~~Single~~, *Widow or* ~~Widower~~, {Cross out the words not required in this line.} Widow

Occupation, Boarding House Keeper

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Somerset Co. Md

Duration of Residence in the City of Baltimore, Nine years

Place of Death, {Give street and number.} 56 Hanover Street.

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate,) (3 years 10 Months)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Balt Cemetery

Date of Burial, Feb 22d 1876

Undertaker, Jno W. Weaver

Place of Business, Fayette St

J. Wm Walls M. D.

Medical Attendant.

Address 18 St Eutaw St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8194

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 21 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 19th 6 A.M. 1876.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Charles Thos Coyen

Sex, Male ~~*or Female,*~~ { Cross out the word not required in this line. }

Age, One *Years,* Eleven *Months,* Twenty Two *Days.*

Color, Mulatto *Sex,* Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } 17 Walnut Alley

Duration of Residence in the City of Baltimore, Whole of life

Place of Death, { Give street and number. } 17 Walnut Alley

Cause of Death, { First, (Primary) Second (Immediate) } Scrof Disease-Pulmonary Hæmorrhage / First, (Primary) Pulmonary Tuberculosis

Duration of Last Sickness, under my care about 4 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feb 21st 76

Wm. H. Chapman M. D.
Medical Attendant.

{ *Undertaker,* James H Davis *Address* 934 McCulloh St
{ *Place of Business,* No 12 Saratoga St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

N.B. Intentionally reserved Lines in above blank.

[OVER

No. 8195

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8195

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 21 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb. 20th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lillie Oppenheimer.

Sex, Male or Female, {Cross out the word not required in this line.} Female.

Age, 4 *Years,* 7 *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} City.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 237 N. Gay St.

Cause of Death, { First (Primary,) Croup.
Second (Immediate,)

Duration of Last Sickness, 2 Days.

All the above information should be furnished by the Physician.

Place of Burial, ~~Hebrew Cemetery~~ Shearith Israel Cemetery. Abram B. Arnold M. D.
Medical Attendant.

Date of Burial, Feb 22nd 1876

{ *Undertaker,* Wm Silan
{ *Place of Business,* 101 Gough St *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 5170

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8196

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 21 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb. 20th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lizzie Durostar

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 55 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Housemaid

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Bohemia

Duration of Residence in the City of Baltimore, 6 yrs

Place of Death, {Give street and number.} Hebrew Hospital. Front & Lloyd St.

Cause of Death, First (Primary,) Burn

Second (Immediate,)

Duration of Last Sickness, 11 Days

All the above information should be furnished by the Physician.

Place of Burial, St. Stephens Cemetery

Date of Burial, Feby. 21. 76.

Undertaker, Hamblin Lipps

Place of Business, 1. Bond St. 151

A. E. Blum, M. D.
Medical Attendant.

Address Hebrew Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8197

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 21 1876 BALTIMORE

Date of Death, Feb 20 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Peter Follin

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, *Years,* 11 *Months,* 4 *Days.*

Color, White *Sex,* Male

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, 11 — 4 days

Place of Death, {Give street and number.} 449 Saratoga St.

Cause of Death, {First (Primary,) Chilblain Bronchitis
Second (Immediate,)

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, Feb 21st 8 AM

Undertaker, John Brown

Place of Business, 17 S. Frederick

Geo. L. Rice *M. D.*
Medical Attendant.

Address 62 Park Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of th

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8198

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 21 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 20 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Arthur Stuart Welch

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, two *Years,* 11 *Months,* 22 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 285 Lamvale St.

Cause of Death, First (Primary,) Teething

Second (Immediate.) Typhoid with Spasms

Duration of Last Sickness, About two Months

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Feb 21st 1876

W. H. St. Wood M. D.
Medical Attendant.

Undertaker, The Lindsay Co

Place of Business, 41 Hanover St *Address* 71 Franklin St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. .....

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this C...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8199

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 2 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Febs 20th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles B. Brady

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 43 Years, ... *Months,* ..... *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Varnisher

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 152 Pillar St.

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate,) .....

Duration of Last Sickness, One year

All the above information should be furnished by the Physician

Place of Burial, Balto Cemetery

Date of Burial, Feb 23 - 1876

Undertaker, John L. Rodenmyer *Address* 94 S. Broadway

Place of Business, N E Cor Fremont & Aisquith St

A. F. Erich *M. D.*

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8210

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 21 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, February 20th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Jackson

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 96 *Years,* *Months,* *Days.*

Color, Dark

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Housekeeper

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. Md.

Duration of Residence in the City of Baltimore, 45 Years

Place of Death, {Give street and number.} 190 Henrietta St.

Cause of Death, First (Primary,) Old age

Second (Immediate,)

Duration of Last Sickness, Has been feeble for 3 months

All the above information should be furnished by the Physician

Place of Burial, New Westminster

Date of Burial, Feb 24 1876

Undertaker, John C Gordon

Place of Business, 63 Park ave

R. Jn. Hall *M. D.*

Medical Attendant.

Address 266 S. Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 8201

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 21 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feb 19th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George Phillip Boenges

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 70 *Years,* ——— *Months,* ——— *Days.*

Color, white

~~*Married, Single, Widow* or~~ *Widower,* {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth} Germany — 30 yrs —

Duration of Residence in the City of Baltimore. 30 years

Place of Death, {Give street and number} ~~1120~~ 4 Hollins Street

Cause of Death, {First (Primary,) Consumption

{Second (Immediate,)

Duration of Last Sickness, 5 years

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Feb 22 1876

M. D.

~~Medical Attendant~~

{*Undertaker,* L. B. Blackstone *Address* Commiss of Health

{*Place of Business,* Balto St & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Information George Boenges — Son of Dec

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of th

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8202

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 21 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 19th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Michael Joseph Dunn

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ____ *Years,* ____ *Months,* 2 2 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ____

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore, Maryland.

Duration of Residence in the City of Baltimore, 22 days.

Place of Death, {Give street and number.} No. 156 N. Eadenit St. Balto, Md.

Cause of Death, First (Primary,) Constitutional weakness,

Second (Immediate,) Convulsions

Duration of Last Sickness, six days,

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, Feby 20 / 76

John Morris *M. D.*
Medical Attendant.

Undertaker, 241 Barnes

Place of Business, 251 E Balto St *Address* No. 5, Franklin St. Balto Md.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of th

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8203

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 21 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb. 19th 1878

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Irma Lenoine Taylor

Sex, ~~Male or~~ Female, { Cross out the word not required in this line. }

Age, 5 *Years,* 11 *Months,* 2 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, 5 Yrs. 11 2 Days.

Place of Death, { Give street and number. } 600 W. Lombard St.

Cause of Death, { First (Primary,) Second (Immediate,) } Scarlet Fever

Duration of Last Sickness, 24 Hours

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, Feb 22 1878.

{ *Undertaker,* J. B. Leachenstein
Place of Business, Balt. St. & Front St.

H. L. Spencer M. D.
Medical Attendant.

Address 379 W. Lombard St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The special attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 82014

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 20th 76

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Amelie Kirchacher

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 7 *Years,* 4 *Months,* *Days.*

Color, white *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 2 years 3 mths

Place of Death, {Give street and number.} 6 Ridgely Pl

Cause of Death, First (Primary,) scarlet fever

Second (Immediate,) Diphtheria

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, February 22nd

H. Abbes M. D.
Medical Attendant.

{*Undertaker,* F. N. Frall

{*Place of Business,* 90 S. Howard St *Address* 95 S. Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of th...

Board of Health, City of Baltimore,

Permit No. 8205.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 21 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feby 20" 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} John H. Critzman

~~*Sex, Male or Female,*~~ {Cross out the word not required in this line.}

Age, 5 *Years,* *Months,* *Days.*

Color, whit *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. city

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 236 S. Durham St.

Cause of Death, {First (Primary,) Second (Immediate,) Scarlatina Maligna 3 days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel Cemty

Date of Burial, Feb 21st 1876

R. M. Mansfield M. D.
Medical Attendant.

Undertaker, H. Hoelbich

Place of Business, 246 Eutaw St

Address 112 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of t...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8206

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 21 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 20

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} John C Craft

~~*Sex,*~~ *Male* ~~*or Female,*~~ {Cross out the word not required in this line.}

Age, ~~56~~ 48 *Years,* *Months,* *Days.*

Color, White *Sex,*

~~*Married, Single, Widow or*~~ *Widower,* {Cross out the words not required in this line}

Occupation, Clerk

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Philadelphia

Duration of Residence in the City of Baltimore, 27 years

Place of Death, {Give street and number.} Hallins & Calhoun Sts

Cause of Death, First (Primary,) Cerebral Apoplexy

Second (Immediate.)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, ~~Lafayette Cemetery~~ Loudon Park Cemt

Date of Burial, Feb 22 - 1876

Chas O'Donovan M. D.
Medical Attendant.

{*Undertaker,* John I Podmajer

Address

{*Place of Business,* N E Cor Summit Ave & Monument St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The special attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of...

Board of Health, City of Baltimore,

Permit No. 8207

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 21 1876. BALTIMORE

Date of Death, February 19. 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mamie Louisa Buckmaster

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 5 *Years,* 11 *Months,* 16 *Days.*

Color, White *Sex,* female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Hudson City N York

Duration of Residence in the City of Baltimore, 10 months

Place of Death, {Give street and number.} 435 Light St

Cause of Death, First (Primary,) Scarlet fever

Second (Immediate,)

Duration of Last Sickness, seven days

All the above information should be furnished by the Physician.

Place of Burial, Catholic cemetery *M. D. Hammond*

Date of Burial, Feb 22nd 1876 Medical Attendant.

Undertaker, C. F. Krause

Place of Business, 209 Hanover *Address* 33 N Paca St Balt

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 8208 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 23 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 20th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Michael Thew

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 38 *Years,* *Months,* 5 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widower

Occupation, Quarryman

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 3.5 years

Place of Death, {Give street and number.} 71 Bailey Ave

Cause of Death, {First (Primary,) Pneumonia

Second (Immediate,)

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, Feb 22nd 1875 H Smith M. D.

Medical Attendant.

{*Undertaker,* C. F. Krause

Place of Business, 209 Hanover st Address 108 & 110 Light St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this C[illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8209

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 22 1876 BALTIMORE

Date of Death, Feb 20 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Stanis Lanis

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Years, Months, 4 2 Days.

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Bay View Asylum

Duration of Residence in the City of Baltimore. 10 days

Place of Death, {Give street and number} St Vincents Infant Asylum.

Cause of Death, First (Primary,) atrophy - sick on admission.

Second (Immediate,) Hydrocephaloid convulsions 6 hours

Duration of Last Sickness,

All the above information should be furnished by the Physician

Place of Burial, Cathedral Cemetery

Date of Burial, Feb 22 1876

Mahony Brewer M. D.
Medical Attendant.

Undertaker, Sisters

Place of Business, Institution Address 201 N. Biddle St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8210

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 21 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 19th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Anne Maria Augusta

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 22 *Years,* *Months,* *Days.*

Color, Black *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Chambermaid

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Easton Md

Duration of Residence in the City of Baltimore, 1/2 Year

Place of Death, {Give street and number.} No 7 Bethel Row nr Saratoga St.

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate,) Asthenia

Duration of Last Sickness, About six months

All the above information should be furnished by the Physician.

Place of Burial, Easton Md

Date of Burial, 23 Feb 76

Eugene F. Cordell M. D.
Medical Attendant.

Undertaker, McGould Bros

Place of Business, Saratoga St *Address* 55 Lexington St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Transit 3/12

Board of Hea... Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8211.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial; within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 31 1976 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb. 18. 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ellen Matthews

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 3 *Years,* ——— *Months,* ——— *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ———

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, 3 years

Place of Death, {Give street and number.} # 144 Canal St. at Wan Monument

Cause of Death, {First (Primary,) (Pneumonia)
Second (Immediate,)

Duration of Last Sickness, 2 wks.

All the above information should be furnished by the Physician

Place of Burial, E. Potters Field

Date of Burial, Feb 21 1876

Undertaker, H. Donovan

Place of Business, Central Ave.

Geo A. Hartman M. D.
Medical Attendant.

Address # 303 N. Caroline

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8212

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 21 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 20th Feby 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John J. Stubbard

Sex, Male or Female, {Cross on the word not required in this line.}

Age, 22 *Years,* — *Months,* — *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Boiler Maker

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 22 years

Place of Death, {Give street and number.} No 39 Polonde St Balto

Cause of Death, {First (Primary,) Pulmonary / Second (Immediate,) Consumption

Duration of Last Sickness, One Month

All the above information should be furnished by the Physician.

Place of Burial, St. Patricks Cimetary E. Jones Williams M. D.

Date of Burial, Febuary 21st 1876 Medical Attendant.

{*Undertaker,* M A. Dajger *Address* No 38 Eliott St

{*Place of Business,* 74 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The special attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on Back.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8213

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 21 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 19 - 76

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Jane Thomas

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 22 *Years,* — *Months,* — *Days.*

Color, Black *Sex,* Female

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Cook

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Calvert Co Md

Duration of Residence in the City of Baltimore, Seven Years

Place of Death, {Give street and number.} No 41 Charlton St

Cause of Death, {First (Primary,) Consumption of Lungs / Second (Immediate,)

Duration of Last Sickness, Ten months ongoing & half

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery *Medical Attendant.* M. D.

Date of Burial, Feb 21 '76

Undertaker, W M. Grace *Address* 130 Arlington Ave

Place of Business, 189 S Howard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of Illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on ba[illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8214

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 21 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feb 19th

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } William Lee Spriggs

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 2 *Years,* *Months,* 8 *Days.*

Color, Blk *Sex,*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } 2 Amity (South)

Cause of Death, { First (Primary,) Scrofula / Second (Immediate,) }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feb 21, 76

J. G. McShane M. D.
Medical Attendant.

Undertaker, J. W. Shane *Address* 350 N. Fayette

Place of Business, 4th & Hanover

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8215

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 21 1916 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 20th 1916.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary B Denson

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, 5 Month *Years,* *Months,* *Days.*

Color, Dark Brown *Sex,* Female

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.} Single

Occupation, None.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 5 months

Place of Death, {Give street and number.} 62½ Raborg st

Cause of Death, First (Primary,) Cold

Second (Immediate,) Pneumonia

Duration of Last Sickness, One week

All the above Information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feby 21st 1916

Undertaker, Wm F Frey

Place of Business, 63 Smithey St

Chas F Bohner M. D.
Medical Attendant.

Address Cor Adolphi & Rose sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8216

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 25 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feby 21 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Tobias Thompson Collins.

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Years, 1 Months, 2 0 Days.

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 51 Stockton St. Balt City

Duration of Residence in the City of Baltimore, Life.

Place of Death, {Give street and number.} 51 Stockton St. City.

Cause of Death, First (Primary,) Phthisis

Second (Immediate,) Pneumonia

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Pleasent Grove Carrol County Md

Date of Burial, Feb 29nd 1876

A. Tinsley M. D.
Medical Attendant.

Undertaker, Andrew Feely

Place of Business, 118 Druid Hill Ave *Address* 454 W. Camy St City

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8217

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 21 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 20th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George Wesley Clarke

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ——— *Years,* 7 *Months,* ——— *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} Burgundy Alley one door from Warren

Cause of Death, First (Primary,) Croup

Second (Immediate,)

Duration of Last Sickness, One Week

All the above information should be furnished by the Physician

Place of Burial, W. Potters Field

Date of Burial, Feb 21st 1876

M. D.

Undertaker, M. H. C. Perry

Place of Business, 448 W. Pratt St Address Commrs of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Frances Clarke mother

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8218

The Physician who attended any person in a last Illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 21 1916 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, February 21th 8:20 m a m

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Henry Glosheimer Sr

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, *Years,* 1 *Months,* 17. *Days.*

Color, White *Sex,* Masculine

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, 0

Birthplace, { State or country (and how long in the United States, if of foreign birth. } 74 Pearl St

Duration of Residence in the City of Baltimore, 1 Monther

Place of Death, { Give street and number. } 74 Pearl St

Cause of Death, First (Primary,) Colds

Second (Immediate,) Pneumonia

Duration of Last Sickness, One Mineth

All the above information should be furnished by the Physician.

Place of Burial, Balt. Cemetery

Date of Burial, Feb. 22.

Undertaker, Henry Glosheimer

Place of Business, 74 Pearl St *Address*

John J. Fitzer. M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The special attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8219

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. FEB 22 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feb 21st 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Charles Long

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 79 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

~~Married, Single, Widow or~~ Widower, {Cross out the words not required in this line.}

Occupation, For a long time none

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 40 yrs

Place of Death, {Give street and number.} 116 Frederick Ave

Cause of Death, {First (Primary,) Phthisis Pulmonalis
Second (Immediate.)

Duration of Last Sickness, Several yrs

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetary

Date of Burial, 24 Feb 1876

Undertaker, J P Davies

Place of Business, 66 Frederick Ave Address 91 Frederick Ave

Geo H. Dare M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8220

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 22 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 21st 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wilson Wallace Reanick

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 2 — *Years,* — *Months,* — 7 — *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Washington D.C.

Duration of Residence in the City of Baltimore, 5 months.

Place of Death, {Give street and number.} 132 N. Bond.

Cause of Death, {First (Primary,) Scarlet Fever

Second (Immediate,)

Duration of Last Sickness, Ten days

All the above information should be furnished by the Physician.

Place of Burial, Washington D.C.

Date of Burial, Feby 22nd 1876

Undertaker, Hughes D.C.

Place of Business, 65 S. Broadway,

S. T. Cooyner M. D.
Medical Attendant.

Address 134 High.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Transient 363

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 8221

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb. 21 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Thomas H. Collison

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 53 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, House Carpenter

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Thirty (30) Years

Place of Death, {Give street and number.} 342 S. Arch St. Cor Lombard

Cause of Death, {First (Primary.) Cancer of Liver, Kidneys and probably Brain
Second (Immediate,) Exhaustion

Duration of Last Sickness, Six (6) months

All the above information should be furnished by the Physician.

Place of Burial, New Methodist Cemetery

Date of Burial, Feby 22nd 1876

Undertaker, Hughes & Co

Place of Business, Address 69 S. Broadway

J. L. McKim M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8223

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 22 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feb 21st 1876

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Cassandra E. Tyler

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 22 *Years,* 7 *Months,* 21 *Days.*

Color, Light Brown *Sex,* Female

Married, ~~Single~~, Widow or ~~Widower~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, All her life

Place of Death, { Give street and number. } 273 N. Eutaw st.

Cause of Death, { First (Primary,) Phthisis. / Second (Immediate,) Asthenia

Duration of Last Sickness, Abt Six Months.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem

Date of Burial, Feb 23 d 1876

Undertaker, Chas T. Scriven

Place of Business, No. 271 N. Eutaw st

Jno Dickson M. D.
Medical Attendant.

Address 261 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8223

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 22 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feb. 21st 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John H. Spencer.

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 26 *Years,* 4 *Months,* 8 *Days.*

Color, White *Sex,* Male

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Turner.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Since Birth.

Place of Death, {Give street and number.} 172 South St

Cause of Death, {First (Primary,) Phthisis {Second (Immediate,) Consumption

Duration of Last Sickness, Unknown.

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery S A Bell *M. D.*

Date of Burial, Tuesday 22 Feb Medical Attendant.

Undertaker, W. H. Lister

Place of Business, 42 S Hanover *Address* 161 So Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8224

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 22 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 2 Mo. 21st 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizebelt Roberts

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, 82 *Years,* *Months,* *Days.*

Color, White *Sex,* female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 82 years.

Place of Death, {Give street and number.} N. 2 Hartfad Avenue.

Cause of Death, First (Primary,) Pneumonia.

Second (Immediate,)

Duration of Last Sickness, 72 hours

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, Feb 23d 1876

W. Riley M. D.
Medical Attendant.

Undertaker, Jacob Weaver

Place of Business, Nos 4 & 6 Druid Hill Av. *Address* 47 Lexington St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 8225

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

8225

Permit No. 8225

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 22 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Febry 21st 76

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ellen Josephine Lilly

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, *Years,* 13 *Months,* 21 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 14 Forest Place

Cause of Death, {First (Primary,) Pneumonia & Diphtheria
Second (Immediate,)

Duration of Last Sickness, 5 weeks sick

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, Feb 24th 1876

Undertaker, James P. Byrne

Place of Business, No 63 D Street

Geo. I. D. Reynolds M. D.
Medical Attendant.

Address 324 N. Calvert.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8226

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 22 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb. 21st 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lilly Ludwig

Sex, Male or Female, {Cross out the word not required in this line.} F

Age, 8 *Years,* *Months,* *Days.*

Color, W. *Sex,* F.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Penna

Duration of Residence in the City of Baltimore, 4 yrs.

Place of Death, {Give street and number.} 42 E. Chase st.

Cause of Death, First (Primary,) Scarlatina

Second (Immediate.) Cerebral Anaemia

Duration of Last Sickness, 11 wks.

All the above information should be furnished by the Physician.

Place of Burial, Glenn Rock, Penn. H. J. Kennedy M. D.

Date of Burial, Feb. 22d 1876 Medical Attendant.

Undertaker, Fink

Place of Business, Sagel, near Caroline Address 186 Aisquith st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Transit permit No 364

K S·A F E T Y

No. 1

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8227

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 22 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feb. 21, 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ann Hite Williams

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 3 *Years,* 4 *Months,* *Days.*

Color, *Sex,*

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

~~*Occupation*~~,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 201 Madison Ave

Duration of Residence in the City of Baltimore, 2

Place of Death, {Give street and number.} 201 Madison Av.

Cause of Death, {First (Primary,) Diphtheritic Croup. Second (Immediate,)

Duration of Last Sickness, Nine days

All the above information should be furnished by the Physician.

Place of Burial, Green Mt. Cemetery W. T. Howard, M. D.

Date of Burial, 23d Febry 1876 Medical Attendant.

{*Undertaker,* Hyn. Deutsch Son *Address* 181 Mad. Av.

{*Place of Business,* 16 Light St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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No.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8228

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 22 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 21st. 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Röder

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 47 *Years,* 1 *Months,* 29 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Saloon Keeper

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 28 Years

Place of Death, {Give street and number.} 86 Lancaster St

Cause of Death, First (Primary,) Rheumatism

Second (Immediate,) Heart disease Dropsy

Duration of Last Sickness, 6 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, Feb 23rd 1876

Undertaker, H. Foehlich

Place of Business, 246 Eastern Av

James E Donnelly M. D.
Medical Attendant.

Address 299 E Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8229

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 22 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 21st Feb. 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Franzisca Martha Lohmeier

~~*Sex,* Male *or Female,*~~ {Cross out the word not required in this line.}

Age, — *Years,* 8 *Months,* 2 *Days.*

Color, White

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Co Highland Town

~~*Duration of Residence in the City of Baltimore,*~~

Place of Death, {Give street and number.} 55 N. Duncan Alley

Cause of Death, {First (Primary,) Infra convulsions / Second (Immediate,) Bronchitis capillaris, suffocatio

Duration of Last Sickness, 14 days

All the above information should be furnished by the Physician

Place of Burial, H. Hebron Cemetery

Date of Burial, 23rd of Feb. 1876

{*Undertaker,* Henry Hoeck / *Place of Business,* 309 Eutaw St. *Address* 245 E. Baltimore St.

C. Matthias M. D.
Medical Attendant

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. [illegible]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8230

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 22 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 21st

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Minnie Gross, Gertrude

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. } ~~Male~~ or Female

Age, ~~~~ *Years,* ~~~~ *Months,* 7 *Days.*

Color, Mulatto *Sex,* Female

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the words not required in this line. } Single

Occupation, None

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore Md.

Duration of Residence in the City of Baltimore, 7 days.

Place of Death, { Give street and number. } 21 N Central Avenue

Cause of Death, { First (Primary,) } Capt. Bronchitis.
{ Second (Immediate,) } Asthenia

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, E. Potters Field

Date of Burial, Feb 22 1876

Undertaker, W. Donovan

Place of Business, Address 235 N. Broadway.

F. S. O'Brien M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8231

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 23 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 21st 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Richard T. Hoffnagle

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 29 *Years,* *Months,* *Days.*

Color, White *Sex,*

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Bank Keeper

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Howard County Md.

Duration of Residence in the City of Baltimore, eight years

Place of Death, {Give street and number.} No. 284 N. Amd St.

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate,)

Duration of Last Sickness, about two months

All the above information should be furnished by the Physician.

Place of Burial, Elkridge Landing Howard Co Saml H. Henry M. D.

Medical Attendant.

Date of Burial, Feb 28th/76

Undertaker, Geo. Schilling *Address* 187 Madison Ave

Place of Business, corday with & Monument

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. [illegible]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8232

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 23 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feby 21st 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Cecelia Wills

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Seven *Years,* 4 *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 81 Wayne Avenue

Cause of Death, First (Primary,) Inflammation of Kidneys & Bladder

Second (Immediate,) Typhoid

Duration of Last Sickness, Three or four Weeks

All the above information should be furnished by the Physician.

Place of Burial, Cathedral

Date of Burial, Feb 23 1875

W. H. Atkinson M. D.
Medical Attendant.

Undertaker, Joseph F Byrne *Address* 71 S Paca St.

Place of Business, 57 & Liberty

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. [illegible]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8233.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 23 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 21.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Clara Bader

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 5 *Years,* 2 *Months,* 11 *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 5 years

Place of Death, {Give street and number.} 1 Leland Ave 127.

Cause of Death, {First (Primary,) Scarlatina Malina

Second (Immediate,) Coma

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, 23d February

{*Undertaker,* C. Wiegand

Place of Business, 53 Druid Hill Ave

Address [illegible]

[illegible] Buddeus *M. D.*

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 8234

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb 22nd 1876

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } James Edward Dodd

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 2 *Years,* 2 *Months,* 8 *Days.*

Color, Black *Sex,* Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, 2 years & 2 months & 2 days

Place of Death, { Give street and number. } 3 P. Douglass st

Cause of Death, { First (Primary,) Pneumonia
Second (Immediate,)

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial,

Date of Burial,

Jno. E. Purnell M. D.
Medical Attendant.

{ *Undertaker,*
{ *Place of Business,*

Address 1 Broadway & Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 4 2[illegible]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8235

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 23 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, [illegible]

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Ann Matilda [illegible]

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 3 *Years,* *Months,* *Days.*

Color, Dark brown *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, about 3 years

Place of Death, {Give street and number.} 108 Lynn st

Cause of Death, First (Primary,) Phthisis

Second (Immediate,) Phthisis

Duration of Last Sickness, about 2 months

All the above information should be furnished by the Physician.

Place of Burial, [illegible]

Date of Burial, [illegible]

Wm Pinkney *M. D.*
Medical Attendant.

Undertaker, [illegible]

Place of Business, 100 N. East St. *Address* 67 Italian [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8231

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 23 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 21st 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Geo Albert Elmer LeBow

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 2 *Years,* — *Months,* 17 *Days.*

Color, White *Sex,* Male

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 123 Boyd St

Cause of Death, First (Primary,) Marasmus -

Second (Immediate,) Meningitis -

Duration of Last Sickness, Six weeks -

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, February 23rd 76

Undertaker, H. Nanutt.

Place of Business, Appleton & Saratoga Sts

W. H. Keyser M. D.
Medical Attendant.

Address 17 N Calhoun St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. [illegible]

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8237

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 23 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 23 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Emma Whiller

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ~~—~~ *Years,* ~~—~~ *Months,* 1 *Days.*

Color, Blk

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth)} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 103 Eastern Avenue

Cause of Death, {First (Primary,) Infantile Convulsions
Second (Immediate,)}

Duration of Last Sickness, one day

All the above information should be furnished by the Physician

Place of Burial, Dallas St Cemetery

Date of Burial, Feb 24 1876

M. D.
Medical Attendant.

Undertaker, John H. Locks

Place of Business, Wolf Street

Address Commrs of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

Information by Leah Walker Midwife

No. 8238

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8238

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 23 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 22 Febr. 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wigand Hiltz

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 89 *Years,* " *Months,* 10 *Days.*

Color, White *Sex,* male

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Baker

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 42 years

Place of Death, {Give street and number.} 255 Canton ave.

Cause of Death, {First (Primary,) Old age

Second (Immediate,) 1

Duration of Last Sickness, ab. 1 year

All the above information should be furnished by the Physician.

Place of Burial, Balt Cemetery

Date of Burial, Feb 24 2 O'clock

Undertaker, George C Rodemeyer *Address* 57 Aisquith.

Place of Business, 38 Canton St

Wolfhuser M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8239

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 23 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feby 22 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William McCarty

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} City patient

Age, 23 *Years,* — — *Months,* — ——— *Days.*

Color, White *Sex,* Unknown

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Michigan

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Baltimore Infirmary

Cause of Death, {First (Primary,) Pleurisy / Second (Immediate,)

Duration of Last Sickness, 23 days

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery J. A. Ashby M. D.

Date of Burial, Feb 22d Medical Attendant.

{*Undertaker,* H H Le Clerq

{*Place of Business,* 648 W Balt st Address Balto Infirmary

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 82440

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 23 1876 BALTIMORE

Date of Death, Feby 23 - 76

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lizzie Miller

~~*Sex, Male* or *Female*,~~ {Cross out the word not required in this line.} Female

Age, 23 - 2 *Years,* — *Months,* — — *Days.*

Color, White *Sex,*

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.} Single

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, all her life

Place of Death, {Give street and number.} 326 S. Sharp

Cause of Death, {First (Primary,) Consumption
Second (Immediate,) Exhaustion

Duration of Last Sickness, I do not exactly know about 12 mo.

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cem

Date of Burial, Feb 24 1876

{*Undertaker,* Chas. F. Herold
Place of Business, Hanover

W. H. Kemp *M. D.*
Medical Attendant.

Address 33 N Green St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8241,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

STATE DEPARTMENT FEB 23 1874 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 22 of February 1874

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ida Josephine Lewis

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 22 days *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Baltimore City. 391 Forest Place

Cause of Death, First (Primary,)

Second (Immediate,) Inflamation of the Lungs.

Duration of Last Sickness, ten days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore City.

Date of Burial, Feby 22 - 1874

Undertaker, Pearce (Loeb) *Address*

Place of Business, Druid Hill Ave

J. Mongtimery M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 1242

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8212

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 21st 12 P.M.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Littleton Stack

Sex, Male ~~or Female~~ {Cross out the word not required in this line.}

Age, One *Years,* Six *Months,* *Days.*

Color, Colored *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, One year six month

Place of Death, {Give street and number.} 5th of Elbow Lane

Cause of Death, {First (Primary,) Pneumonitis / Second (Immediate,) Asthenia

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feb 24 76

W. R. Seager M. D.
Medical Attendant.

Undertaker, Samuel McGhan *Address* 574 Columbia St

Place of Business, 198 S Hanover

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8213

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 23 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb. 20. 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wm Lively.

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ____ *Years,* 9 *Months,* ____ *Days.*

Color, Mulatto. *Sex,* ____

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ____

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, ____

Place of Death, {Give street and number.} 75 Malcom alley.

Cause of Death, First (Primary,) Teething.

Second (Immediate,) Convulsions,

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feb. 22. 76

Undertaker, [illegible]

Place of Business, 14 S. Howard st

J. W. White M. D.
Medical Attendant.

Address Southern Dispensary.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 8244

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8244

The Physician who attended any person in a last Illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 23 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb. 22nd 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Ann Johnson

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 15 *Years,* *Months,* *Days.*

Color, W

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Anne Arundel Co. Md.

Duration of Residence in the City of Baltimore, All her life

Place of Death, {Give street and number.} 73 S. Wolf

Cause of Death, {First (Primary,) Pulmonary Phthisis

Second (Immediate,) —

Duration of Last Sickness, Three 3 years

All the above information should be furnished by the Physician.

Place of Burial, Anne Arundel Co. Md.

Date of Burial, Feb. 23rd '76

Undertaker, Michael Frank

Place of Business, 1280 Eastern Ave. Address

H. L. Wilkins M. D.
Medical Attendant
69 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8245

The Physician who attended any person in a last Illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 23 1876 BALTIMORE

Date of Death, February 10th 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Rebecca A Moore

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 55 *Years,* 11 *Months,* — *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Petersburg Hardy Co W. Va

Duration of Residence in the City of Baltimore, Four Months

Place of Death, {Give street and number.} 9 1/2 N Eutaw St.

Cause of Death, First (Primary,) Rheumatism Inflam,
" Second (Immediate,) Hypostatic Pneumonia

Duration of Last Sickness, Three weeks.

All the above information should be furnished by the Physician.

Place of Burial, Springfield Hampshire Co W. Va

Date of Burial, Feby 12th 1876

{*Undertaker,* Jacob Wesner
Place of Business, 4 Druid Hill Ave

J. Wm Walls M. D.
Medical Attendant.

Address No. 18. So Eutaw St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

No. 2116

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8246

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 23 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 22 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Years, Months, 48 Days.

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth)} unknown

Duration of Residence in the City of Baltimore. 10 days

Place of Death, {Give street and number} St Vincents Infant Asylum

Cause of Death, {First (Primary,) Congenital Syphilis ~~Debility~~ Second (Immediate,) Prostration

Duration of Last Sickness, from birth to admission

All the above information should be furnished by the Physician

Place of Burial, Cathedral Cemetery

Date of Burial, Feb 23 1876

Undertaker, Sisters

Place of Business, Institution

Martin Brown M. D.
Medical Attendant.

Address 201 N. Biddle St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 8247

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8247

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 23 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feb 23. 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Stephen

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ____ *Years,* ____ *Months,* 15 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Foundling

Duration of Residence in the City of Baltimore, 15 days

Place of Death, {Give street and number.} St Vincents Infant Asylum

Cause of Death, First (Primary,) Atrophy

Second (Immediate,) Hydrocephaloid Convulsions

Duration of Last Sickness, 24 hours

All the above information should be furnished by the Physician

Place of Burial, Cathedral Cemetery

Date of Burial, Feb 23 1876 Mabury Brown M. D.
Medical Attendant.

Undertaker, Sisters

Place of Business, Institution *Address* 201 W. Biddle St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8248

The Physician who attended any person in a last Illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 23 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 22nd 1876

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Frances McPhin

Sex, Male or Female, { Cross out the word not required in this line. } Female.

Age, 3 *Years,* 6 *Months,* 0 *Days.*

Color, W *Sex,* Female.

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, (illegible)

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Born & lived all her Life in Balto.

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, { Give street and number. } No 188 Pratt Avenue

Cause of Death, { First (Primary,) Congestion Lungs / Second (Immediate,) 8 days

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross cemetery

Date of Burial, Feb 23 1876

{ *Undertaker,* James O Byrne / *Place of Business,* No 63 N Front St

J Ridgway Finde M. D.
Medical Attendant.

Address No 121 E Balto

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8219.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb. 23d, 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Frederick Warner

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years,* ..... *Months,* 4 *Days.*

Color, White *Sex,* [redacted]

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} State of Maryland

Duration of Residence in the City of Baltimore, Since Birth.

Place of Death, {Give street and number.} 205 S. Regester St.

Cause of Death, {First (Primary,) Internal Convulsions caused
Second (Immediate.) by inflammation of Navel.

Duration of Last Sickness, 24 hours.

All the above information should be furnished by the Physician.

Place of Burial, Ev Luth. St. Matthews Cy

Date of Burial, Febr 24th 1876

J. H. Rehberger M. D.
Medical Attendant.

Undertaker, Henry Beise

Place of Business, Alley Anna St. 252.

Address 243 Alice = Anna St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 8250

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8250

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, February 22? 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sarah Welsh.

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 83 *Years,* — *Months,* — *Days.*

Color, White *Sex,*

~~Married~~, ~~Single~~, ~~Widow~~ or *Widower,* {Cross out the words not required in this line.}

Occupation, ~~None~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} England

Duration of Residence in the City of Baltimore, 58 years.

Place of Death, {Give street and number.} 357 N. Broadway

Cause of Death, {First (Primary,) / Second (Immediate,)} Valvular disease of heart.

Duration of Last Sickness, Several years.

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cemetery

Date of Burial, Feby 25th 1876

Undertaker, Murphy & Co

Place of Business, 65 S Broadway *Address* 23 S Broadway.

J. J. Cockill M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 8251

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8251

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feby 22nd 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Allen Wilson

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 53 *Years,* 1 *Months,* 16 *Days.*

Color, Black ~~Sex,~~

Married, ~~Single Widow or Widower~~ {Cross out the words not required in this line.}

Occupation, Horse Gardner,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore County,

Duration of Residence in the City of Baltimore, 28 Years

Place of Death, {Give street and number.} 123 Hollins St

Cause of Death, First (Primary,) Phthisis Pulmonalis,

Second (Immediate,)

Duration of Last Sickness, 18 Months.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, Feb 25th 1876

Undertaker, J. A. Koch

Place of Business, 1707 E. Baltimore Street *Address*

John L. Blair M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8252

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 24 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 22nd 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Oscar Detsch

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 0 *Years,* 5 *Months,* 10 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} No 206 Paulson Av.

Cause of Death, First (Primary,) Bronchitis and

Second (Immediate,) Convulsions

Duration of Last Sickness, Several days

All the above information should be furnished by the Physician.

Place of Burial, St. Stephens Cemetery

Date of Burial, Feby. 24 th

Undertaker, H. Diffel

Place of Business, 151 Bond st.

L C Nuternest M. D.
Medical Attendant.

Address 12 S. Eden st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 8253

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 8253 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 24 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 22nd 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George Alfred Wells

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ____ *Years,* 1 *Months,* ____ *Days.*

Color, Colored *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 146 N Fallas Av-

Duration of Residence in the City of Baltimore, 7 mos

Place of Death, {Give street and number.} 146 N Fallas Av-

Cause of Death, First (Primary,) Pneumonia

Second (Immediate,) Infantile Diarrhoea Contributory 15 days in the same

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 24th 1876

Undertaker, Thos. C. Lurgle

Place of Business, 119 Pratt St.

E. Jos. Walls M. D.
Medical Attendant.

Address 181 E Monument-

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 12311

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8257

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 24 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feby 23d

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Elizabeth O'Brien

~~Sex, Male or~~ Female, {Cross out the word not required in this line.}

Age, 32 — *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, ~~Single, Widow or Widower.~~ {Cross out the words not required in this line.}

Occupation, Mr

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, Many Years

Place of Death, {Give street and number.} Mettam St

Cause of Death, First (Primary,) Tuberculum Consumption

Second (Immediate,)

Duration of Last Sickness, Many Years

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cem'y

Date of Burial, Feb 24th 1876

Jn O Donovan M. D.
Medical Attendant.

Undertaker, Jos F Byrne

Place of Business, 5 Gn Liberty st *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 8233

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 8255

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last Illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 25 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feby 23rd 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Kate Cooper

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 24 *Years,* *Months,* *Days.*

Color, white *Sex,*

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, none.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore city

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 448 E. Lombard St.

Cause of Death, {First (Primary,) Erysipelas
Second (Immediate,) Spinal Meningitis

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cemetary

Date of Burial, Feby 25th 1876

{*Undertaker,* Hughes
Place of Business, 65 S. Broadway

R. W. Mansfield M. D.
Medical Attendant.

Address 114 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 3226

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8256

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 24 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feby 22. 76

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Kate H. Steiner

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, 52 *Years,* 3 *Months,* ——— *Days.*

Color, White *Sex,*

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.} Married

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, All her life

Place of Death, {Give street and number.} 298 W. Lombard St.

Cause of Death, {First (Primary,) General anasarca, due to Cardiac lesion.
Second (Immediate,) apnora

Duration of Last Sickness, 6 Weeks.

All the above information should be furnished by the Physician.

Place of Burial, London Park Cemetery

Date of Burial, Feb 24th 76

{*Undertaker,* Jno H. Weaver
Place of Business, Fayette St *Address* 55 N Green St

W. H. Kemp M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

8257

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8257

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb 24th 1871

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named give names of parents.} Caroline Baker

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 1 *Years,* 6 *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line}

~~*Occupation,*~~

Birthplace, {State or country (and how long in the United States, if of foreign birth)} Md Centreville Q A

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 134 E. Howard St

Cause of Death, {First (Primary,) Second (Immediate,)} Scarlatina

Duration of Last Sickness, 18 days

All the above information should be furnished by the Physician

Place of Burial, [illegible] Cemetery

Date of Burial, Feb 26

Undertaker, Hunting & Denny

Place of Business, No 265 Light St

Geo. H. Denson M. D.
Medical Attendant.

Address 144 Hanover St City

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 1230

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8258

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 25 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 22nd 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Howard Sterling Gough

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, One *Years,* One *Months,* *Days.*

Color, Black. *Sex,* Male.

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City.

Duration of Residence in the City of Baltimore, 1 year.

Place of Death, {Give street and number.} 122 Jasper St. City

Cause of Death, First (Primary,) Tuberculosis (Gunal)

Second (Immediate.)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feb 24. 76

Undertaker, J. W. Snow

Place of Business, 191 Hanover

W. E. Moseley M. D.
Medical Attendant.

Address 169 W. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFI

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8259

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 24 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feb 23rd 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named give names of parents.} Joseph W Boston

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 5 *Years,* *Months,* *Days.*

Color, Colored

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth} No 95 Saratoga Sts

Duration of Residence in the City of Baltimore. Infant

Place of Death, {Give street and number.} 95 Sarah Ann st,

Cause of Death, First (Primary,) Rheumatism,
Second (Immediate,) Entrance,

Duration of Last Sickness, Sudden death, Natural Causes

All the above information should be furnished by the Physician

Place of Burial, Laurel Cemetery Geo C Ogle Coroner

Date of Burial, Feb. 26, 76 *M. D.*
Medical Attendant.

Undertaker, S. McC. Green

Place of Business, 96 S. Hanover *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children

[OVER.]

No. 8260

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8260

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 24 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 23rd of Feb. 76

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Dorothea Guiere

~~*Sex, Male or*~~ *Female*, {Cross out the word not required in this line.}

Age, 61 *Years*, — *Months*, — *Days.*

Color, White

~~*Married, Single,*~~ *Widow* ~~*or Widower*~~, {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth} Germany (Bremen)

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give street and number.} 95 Leadenhall St.

Cause of Death, {First (Primary,) Carcinoma oesophagi / Second (Immediate,) Marasmus

Duration of Last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, Feby 25th, 1876

Undertaker, Julius Koehler

Place of Business, cor Sharp & Lee sts

Address 245 E. Baltimore St.

J. Matthews M. D.
Medical Attendant

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

No. 8261

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8261

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 23 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb: 22nd 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Francis Dockary

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 86 *Years,* 1 *Months,* 13 *Days.*

Color, White *Sex,* Female

~~*Married, Single,*~~ *Widow or* ~~*Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} England

Duration of Residence in the City of Baltimore, 50 years

Place of Death, {Give street and number.} 222 George st.

Cause of Death, First (Primary,) She had a fall which produced great nervous shock

Second (Immediate,) Exhaustion

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery W. B. Griffitt M. D.

Date of Burial, February 25th 1876 Medical Attendant.

Undertaker, Jacob Mower

Place of Business, State & Druid Hill Ave. *Address* 117 Madison St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

E T Y ▲ F I L M

No. 5262

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Ce

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8262

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

FEB 24 1876 BALTIMORE

Date of Death, 22nd Feby 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Michael Sweeney

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} male

Age, 25 — *Years,* — *Months,* — *Days.*

Color, white *Sex,* male

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.} Single

Occupation, Clerk

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland 7 years

Duration of Residence in the City of Baltimore, 7 years

Place of Death, {Give street and number.} 114 Franklin St.

Cause of Death, First (Primary,) Consumption

Second (Immediate,) "

Duration of Last Sickness, Eighteen months.

All the above information should be furnished by the Physician.

Place of Burial, St. Peters (R.C.) Burial Ground

Date of Burial, 24th Feby 76

Fr. Donnelly M. D.
Medical Attendant.

Undertaker, C. Weigand

Place of Business, 53 Druid Hill Ave

Address 108 Paca cor Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

KODAK SAF

No. 8263

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8263

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 24 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 23d 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John W. Rodgers,

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, —— *Years,* 6 *Months,* *Days.*

Color, Col'd *Sex,* Male

~~Married~~, Single, ~~Widow or Widower~~. {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 44 Whites Alley.

Cause of Death, First (Primary,) Convulsions

Second (Immediate,) "

Duration of Last Sickness, 3 hours

All the above information should be furnished by the Physician.

Place of Burial, [redacted] St cemetery

Date of Burial, Feby 24th 1876

Undertaker, Wm J Gray

Place of Business, 65 Mulberry St

Dan'l Pennington M. D.
Medical Attendant.

Address 218 Franklin st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8264

The Physician who attended any person in n last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law;

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 25 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 23d 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ursula Kaufman

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.} Female

Age, 67 *Years,* *Months,* *Days.*

Color, white

Married, Single, Widow or ~~*Widower*~~, {Cross out the words not required in this line.} Widow

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 190 Preston St.

Cause of Death, {First (Primary,) Pulmonary Consumption

{Second (Immediate,)

Duration of Last Sickness, 6 Months

All the above information should be furnished by the Physician.

Place of Burial, St. Stephens Cemetery

Date of Burial, 25th Feb.

Undertaker, P. Timmet.

Place of Business, 311 Battery Av.

J. H. Keller M. D.
Medical Attendant

Address 89 N. Green St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

8265

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8265

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 24 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 23 Feb, 76

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Chas. A. Robison.

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 45 *Years,* " *Months,* " *Days.*

Color, White, *Sex,* Male,

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Miner,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ohio.

Duration of Residence in the City of Baltimore, 4 Mo.

Place of Death, {Give street and number.} Washington University Hosp

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate,)

Duration of Last Sickness, 8 mons.

All the above information should be furnished by the Physician.

Place of Burial, E. Potters Field

Date of Burial, Feb 24th 1876

Undertaker, W. Donovan

Place of Business, 148 E. Central Ave

L. L. Yoe M. D.
Medical Attendant.

Address W. U. Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 8266

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8266

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 25 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 23d February 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Clinton Scott Dawson

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 6 *Months,* 17 *Days.*

Color, White *Sex,*

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Easton Md.

Duration of Residence in the City of Baltimore, 8 mos.

Place of Death, {Give street and number.} 91 E. Paul St.

Cause of Death, {First (Primary,) Inanition

{Second (Immediate,)

Duration of Last Sickness, 3 weeks.

All the above information should be furnished by the Physician.

Place of Burial, St Michaels Talbot Co Md

Date of Burial, Feb 26th 1876

Undertaker, Henry W. Mears

Place of Business, 45 N Gay St

H. W. Owings M. D.
Medical Attendant.

Address 66 N. Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

No. 5967

The Special Attention of Physicians is respectfully invited to the remarks below. and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8267

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 24 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 24th February '76

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Rudolph Miller

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, Sixty six *Years,* 3 *Months,* 3 *Days.*

Color, White *Sex,*

Married, Single, ~~Widow or Widower~~, { Cross out the words not required in this line. }

Occupation, White

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Bavaria

Duration of Residence in the City of Baltimore, 14 years

Place of Death, { Give street and number. } St. James Church. Eager & Aisquith sts.

Cause of Death, First (Primary,) Chronic Gastritis

Second (Immediate,) Chronic Bronchitis.

Duration of Last Sickness, two months

All the above Information should be furnished by the Physician.

Place of Burial, St Stephens Cemetery

Date of Burial, February 26 1876

John F. Neumann M. D.
Medical Attendant.

Undertaker, Henry Roche

Place of Business, 304 Central Ave *Address* S.W. Cor. Calvert & Read

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 5265

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8218

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 24 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 23d 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Hall Dorsey

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 77 *Years,* *Months,* *Days.*

Color, White

~~Married, Single~~, *Widow* ~~or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Co.

Duration of Residence in the City of Baltimore, 75 years.

Place of Death, {Give street and number.} 569 W. Lexington St.

Cause of Death, First (Primary,) Paralysis Hemiplegia

Second (Immediate,)

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial Laudon Park Cemetery W. W. Onion M. D.

Date of Burial, Feb 25th 1876 Medical Attendant.

Undertaker, H. H. Jenkins & Son *Address* 66 W. Fayette St.

Place of Business, 16 Light st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

No. 8960

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8269

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 24 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb. 24th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Ernest

Sex, Male or Female, {Cross out the word not required in this line.} .....

Age, White *Years,* 3 *Months,* 5 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Cor Eliot & Canton Sts

Duration of Residence in the City of Baltimore, 3 mo 2 days

Place of Death, {Give street and number.} Cor Edmund & Highland Sts

Cause of Death, First (Primary,) Convulsions

Second (Immediate,)

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cemetery

Date of Burial, February 25th 1876

Dr. J. Wilson M. D.
Medical Attendant.

Undertaker, Leonhard Penn

Place of Business, S. Bond St. No 378

Address 94 Eliot St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. [illegible]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8270

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 24 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 23 th February 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Rosa Blades

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 21 *Years,* *Months,* 17 *Days.*

Color, white *Sex,* female

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} N. Carolina

Duration of Residence in the City of Baltimore, 17 years

Place of Death, {Give street and number.} 155 N. Exeter St.

Cause of Death, First (Primary,) / Second (Immediate,) Phthisis pulmonal. ulcerso.

Duration of Last Sickness, four months

All the above information should be furnished by the Physician.

Place of Burial, Green Mount.

Date of Burial, February 25th 1876

Robt. H. Smithor. M. D.
Medical Attendant.

Undertaker, Wm. H. Eichman

Place of Business, 234 N. Gay St. *Address* 42 N. Broadway.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 71

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8271

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 24 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 23rd 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Rose Donilly

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 12 *Years,* 3 *Months,* *Days.*

Color, White *Sex,* Female.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 12 years

Place of Death, {Give street and number.} 200 E. Monument St.

Cause of Death, First (Primary,) Cerebro Spinal Meningitis

Second (Immediate.) Insufficiency of the heart action

Duration of Last Sickness, One day

All the above information should be furnished by the Physician.

Place of Burial, St Patrick Cemetery E. Fair. Balto

Date of Burial, Feb 25th 1876

M. D.
Medical Attendant.

Undertaker, James A Byrne

Place of Business, No 63 N Front St *Address* 181 E Monument St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 720

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8272

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 25 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 29th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Infant of Jacob & Sarah C. Johnson

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, — *Years,* — *Months,* One hour ~~Days~~

Color, White ~~Sex,~~

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 325 William St.

Cause of Death, {First (Primary,) / Second (Immediate,)} Premature birth (6½ Months) one hour

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, July 29th 1876

{*Undertaker,* Smith Bros
Place of Business, 263 Light St

R. C. Lee M. D.
Medical Attendant.

N. W. Cor

Address Hanover & Barre Sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 3213

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8273

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 25 1876 BALTIMORE

Date of Death, Feb. 24th. 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Harry Schaut

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 2 *Years,* 3 *Months,* 24 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 283 E. Pratt

Cause of Death, First (Primary,) Acute meningitis

Second (Immediate,) Convulsions

Duration of Last Sickness, 12 hours

All the above information should be furnished by the Physician.

Place of Burial, Melchiors Farm. Balto. Co

Date of Burial, February 25th/76

Undertaker, F. N. Ezell

Place of Business, 90 S. Howard St

L. L. Wilkins M. D.
Medical Attendant

Address 691 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of Illegitimate children.

[OVER.]

No. 2 7 11

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8274

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 25 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feby 24th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} O. S. W. & Sophia E. Selby.

Sex, Male or Female, {Cross out the word not required in this line.}

Age, — *Years,* — *Months,* an hour *Days.*

Color, White *Sex,* female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 235 Lee St

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 235 Lee St.

Cause of Death, {First (Primary,) / Second (Immediate,)} Imperfect action of Heart, child prematurely at 8 mos

Duration of Last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, Howard Co Md. J. H. Wells M. D.

Date of Burial, Feb 26th 1876 Medical Attendant.

Undertaker, C. W. Selby

Place of Business, 235 Lee St Address 18 So Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

(Transit 368)

No. 1

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8275

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 25 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 24th, Feb. 7, O, clock, P.M.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Johanes H. Kastens

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 24 years ~~Years,~~ 4 Months *Months,* 18 ~~Days.~~

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Fresco-painter

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Bremen

Duration of Residence in the City of Baltimore, Eight (8) years

Place of Death, {Give street and number.} No. 76 South Fremont St.

Cause of Death, First (Primary,) Consumption

Second (Immediate,) Asthenia

Duration of Last Sickness, five (5) months.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Feb. 26. 1876

Jno McSherry M. D.
Medical Attendant.

Undertaker, J. B. Cook

Place of Business, 707 W. Balto St *Address* 15 McKraney St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

No. 5 2 1 /

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8276

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 25 1876 REGISTERED

Date of Death, February 24th 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} May Bell Finbarger

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, One *Years,* Seven *Months,* Nineteen *Days.*

Color, White *Sex,* Female

~~Married~~, Single, Widow or Widower. {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} # 404 S. Bryon St

Cause of Death, First (Primary,) Scarlet Fever

Second (Immediate,) Convulsions

Duration of Last Sickness, Three Days

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, Feb 25/76.

J. S. Linthicum M. D.
Medical Attendant.

Undertaker, J. I. Cook

Place of Business, 707 E. Baltimore St. *Address* # 584 W. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 0 7 1

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8277

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 25 1876 BALTIMORE

Date of Death, Feb 23rd 1876

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Peter Dwyer -

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, 72 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, ~~Single, Widow or Widower~~, { Cross out the words not required in this line. }

Occupation, Potter -

Birthplace, { State or country (and how long in the United States, if of foreign birth. } State of New York

Duration of Residence in the City of Baltimore, 65 years

Place of Death, { Give street and number. } 58 S Oregon St

Cause of Death, { First (Primary,) Typhoid fever

Second (Immediate,) Exhaustion

Duration of Last Sickness, Nine days -

All the above Information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Feb 25

Undertaker, J Black

Place of Business, 707 E Pratt St

W G Reguli M. D.
Medical Attendant.

Address 17 N Calhoun St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. [illegible]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8278

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 25 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 24th February 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Margaret Smith

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, Thirteen *Years,* *Months,* *Days.*

Color, White *Sex,* Female

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 108 North Bethel Street

Duration of Residence in the City of Baltimore, Since birth.

Place of Death, {Give street and number.} 119 North Bethel street.

Cause of Death, First (Primary,) Scarlatina

Second (Immediate,) Convulsions

Duration of Last Sickness, About two weeks.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County. Milton A. Snyder M. D.

Date of Burial, Feby 27th 1876 Medical Attendant.

Undertaker, H. Hohnmann,

Place of Business, 63 N. Eden St. *Address* 121 North Gay Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

OVER.

No. 3271

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8279

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feby 24 76

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Lena V. Dobrow (Durbrow)

Sex, Male or Female, { Cross out the word not required in this line. }

Age, ____ *Years,* ____ *Months,* 2 *Days.*

Color, White *Sex,* ____

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, ____

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Balto City

Duration of Residence in the City of Baltimore, ____

Place of Death, { Give street and number. } 235 Pine St

Cause of Death, { First (Primary,) Pneumonia Fatal. Second (Immediate,) Convulsions.

Duration of Last Sickness, ____

All the above information should be furnished by the Physician.

Place of Burial, M. E. Cemetery Phila R

Date of Burial, Feb 25th 1876

A. H. Layton M. D.
Medical Attendant.

Undertaker, T. Varnett

Place of Business, Pappleton Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No.

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8280

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

FEB 25 1876

Date of Death, February 24th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Eliza Wooten

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 27 *Years,* —— *Months,* —— *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word is not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth)} Philadelphia Penn^a.

Duration of Residence in the City of Baltimore, Two Years —

Place of Death, {Give street and number.} 160 West st

Cause of Death, First (Primary,) Ulceration of the Bowels

Second (Immediate,)

Duration of Last Sickness, Five Months —

All the above information should be furnished by the Physician

Place of Burial, Mount Clare

Date of Burial, Feb 27th 1876

Undertaker, Tomstys & Dems

Place of Business, 263 Light st

J. Harvey Gill M. D.
Medical Attendant.

Address 95 Hanover st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 5211

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8281

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 25 1876 BALTIMORE

Date of Death, Febr. 24th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Carl A. Kasten

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 65 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Shoemaker

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, thirty years

Place of Death, {Give street and number.} 90 N. Exeter St.

Cause of Death, First (Primary,) Second (Immediate,) Organic Disease of Liver and Heart.

Duration of Last Sickness, five years

All the above information should be furnished by the Physician.

Place of Burial German Lutheran

Date of Burial, Private Funeral February 27th 1876

Undertaker, Wm H Hickman

Place of Business, 234 S. Gay St

A. F. Erich M. D.
Medical Attendant.

Address 96 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 3202

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8282

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

FEB 25 1876 BALTIMORE

Date of Death, February 23, 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Dora Sims

Sex, Male or Female, {Cross out the word not required in this line.} ~~Female~~

Age, Years, 1 Months, 12 Days.

Color, Brown *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Church St bet 33

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Park Alley bet 2

Cause of Death, First (Primary,) Softening of Brain.

Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, W. V. Field

Date of Burial, Feb 24th

Undertaker, M. C. Le Shore

Place of Business, 1148 W Balto St *Address* 206 S. Eutaw

J. Shutty M. D.
Medical Attendant.

Balto City

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 8283 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 25 1876 BALTIMORE

Date of Death, Feb. 24th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George Albert Hollins

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 8 *Years,* *Months,* *Days.*

Color, Black *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore city

Duration of Residence in the City of Baltimore, all his life

Place of Death, {Give street and number.} 52 L: Monument st.

Cause of Death, First (Primary,) Fell & hit his head on pavement, which caused concassion of Brain

Second (Immediate.) Exhaustion

Duration of Last Sickness, Two days

All the above information should be furnished by the Physicain.

Place of Burial, near Greenlawn Balto Co.

Date of Burial, Febry 26th 1876

Undertaker, Wm Jones Jr

Place of Business, 65 Smallwood

W. B. Griffitt M. D.

Medical Attendant.

Address 117 Madison st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 1

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8284

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, February 23rd 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Ann E. Furlong

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 3 *Years,* 8 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore.

Place of Death, {Give street and number.} 22 McElderry St

Cause of Death, First (Primary,) Meningitis

Second (Immediate,) Convulsions

Duration of Last Sickness, One day —

All the above information should be furnished by the Physician

Place of Burial, H. Peters

Date of Burial, Feb 25 1876

Undertaker, Joseph F. Byrne

Place of Business, 69 n Liberty

Edwd F. Michelsen M. D.
Medical Attendant.

Address 279 W. Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back.

Board of Health, City of Baltimore,

Permit No. 8285

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, February 24th 1876. 8 P M

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } George Allen Griffith

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 6 *Years,* 2 *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, His whole life

Place of Death, { Give street and number. } 75 Pearl St

Cause of Death, { First (Primary,) Diphtheria / Second (Immediate,) Diphtheria

Duration of Last Sickness, Five days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Jan 26 1876

W. W. Hammond M. D.
Medical Attendant.

{ *Undertaker,* J. W. Lowe
{ *Place of Business,* 568 W. Balto St *Address* 53 N Pearl St Balt

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on ba... ...cate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8286

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, February 24 - 12 M 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Dittmer Wm

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, one *Years,* 2 *Months,* 18 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 91 Lancaster alley

Cause of Death, First (Primary,) Scarlet fever

Second (Immediate,) Convulsions

Duration of Last Sickness, three weeks

All the above information should be furnished by the Physician.

Place of Burial, 5th German Reformed St Paul cemty

Date of Burial, Feb 26th 1876

Undertaker, H Foehlich

Place of Business, 246 Eastern Av

L O Pinderwick M. D.
Medical Attendant.

Address 125 Eden

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8287

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 26 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 24th February

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Julia A Alexander

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 68 *Years,* *Months,* *Days.*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 131 Montgomery st

Cause of Death, {First (Primary,) Pericarditis

{Second (Immediate,)

Duration of Last Sickness, Two days

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Feb 27th 1876

{*Undertaker,* Thompson & Dem

{*Place of Business,* 263 Light st

H. C. Webster M. D.
Medical Attendant.

Address 57 Barre

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8288

The Physician who attended any person in a last Illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 26 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb. 24

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Katie A. Browning

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, — *Years,* — *Months,* 21. *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 269 Light St

Cause of Death, First (Primary,) Jaundice

Second (Immediate,) Cerebral Congestion

Duration of Last Sickness, Since Birth

All the above Information should be furnished by the Physician.

Place of Burial, Mount Olivet Theodore Bratt M. D.

Date of Burial, Feb 26 1876 Medical Attendant.

Undertaker, Armstrong Henry *Address* 146 Hanover St

Place of Business, 263 Light St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on ... rtifica...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8289

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 26 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 24th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Amanda Lillian ...

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 5 *Years,* 7 *Months,* 21 *Days.*

Color, white *Sex,* female

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Woodstock Howard Co Md.

Duration of Residence in the City of Baltimore, 2 yrs 6 months

Place of Death, {Give street and number.} 67 Granby St.

Cause of Death, First (Primary,) Scarlet fever

Second (Immediate,) Pyamia

Duration of Last Sickness, 16 days

All the above information should be furnished by the Physician.

Place of Burial, Bal Cemetery

Date of Burial, Feb 26

Undertaker, Mr Fry

Place of Business, 54 Hanover

Jas G Dunsch M. D.
Medical Attendant.

Address 27 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 7

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8290.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb 25 7

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Thomas J. Ashlock

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 45 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Painter

Birthplace, {State or country (and how long in the United States, if of foreign birth)} Va.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Harrison St No 12.

Cause of Death, {First (Primary,) Pneumonia

{Second (Immediate,)

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician

Place of Burial, Balto Cemetery

Date of Burial, Feb 28 1887

Dr Thomas

Medical Attendant.

Undertaker, Geo C. Reduenyr

Place of Business, Exeter St *Address* —

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8291

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 26 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 25th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Louis Water

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 24 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Tailor

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baden Europe in United States

Duration of Residence in the City of Baltimore, Nine years

Place of Death, {Give street and number.} Hebrew Hospital Aronimus & Lloyd

Cause of Death, First (Primary,) Pneumonia

Second (Immediate.)

Duration of Last Sickness, 5 Days

All the above Information should be furnished by the Physician.

Place of Burial, Hebrews Edm St Cem

Date of Burial, Febr 26th

Undertaker, Wm Eilau

Place of Business, 101 Gough St *Address* Hebrew Hospital Aronimus & Lloyd St

M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8294

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 26 1876 BALTIMORE

Date of Death, Feby 25th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Catharine M Lee

Sex, ~~Male~~ or ~~Female~~, {Cross out the word not required in this line.}

Age, 5 8 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} England

Duration of Residence in the City of Baltimore, Fifty Years

Place of Death, {Give street and number.} 96 N Paca

Cause of Death, First (Primary,) Pneumonia

Second (Immediate,)

Duration of Last Sickness, Ten days

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, 27th Feby 1876

Undertaker, Geo Appleman

Place of Business, 234 N Gay, Balt

C B Gantz M. D.
Medical Attendant.

40 Redmond St
Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8299

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 26 1876 BALTIMORE

Date of Death, Feby 25 76.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mary E Phillips.

Sex, ~~Male or~~ *Female,* { Cross out the word not required in this line. }

Age, 7 *Years,* 1 *Month,* 18 *Days.*

Color, Mulatto *Sex,*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Balto City.

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } No 3 S Stockton Alley, Rear Eutaw Baltimore

Cause of Death, { First (Primary,) Second (Immediate,) }

Duration of Last Sickness, 11 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel cemetery

Date of Burial, February 27 1876

Wm. R. Rogers M. D.
Medical Attendant.

Undertaker, W. J. Gray

Place of Business, 63 Saratoga st *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8294

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 26 1876 BALTIMORE

Date of Death, February 24 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Eliza W. Bond

Sex, ~~Male~~ *Female,* {Cross out the word not required in this line.}

Age, 14 *Years,* 5 *Months,* 4 *Days.*

Color, Black *Sex,* Female.

~~Married~~, *Single,* ~~Widow~~ or ~~Widower~~ {Cross out the words not required in this line.}

Occupation, — 7 — 1 — 1 — 4 — 4

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Harford Co. Maryland.

Duration of Residence in the City of Baltimore, 10 years

Place of Death, {Give street and number.} 97 Moore's Alley.

Cause of Death, First (Primary,) Traumatic

Second (Immediate,) Hypertrophy of the heart

Duration of Last Sickness, 5 Six weeks.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Febuary 26th 1876

Undertaker, Wm. T. Gray

Place of Business, 65 Hustings St

J. Shotwell Townsend M. D.
Medical Attendant.

Address 216. N. Howard St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8295

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 26 1876 BALTIMORE

Date of Death, Feby 26th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Henry Wagner

~~*Sex*~~, *Male or* ~~*Female*~~, {Cross out the word not required in this line.}

Age, 32 *Years,* 4 *Months,* 7 *Days.*

Color, *Sex,* male

~~*Married*~~, *Single,* ~~*Widow or Widower*~~ {Cross out the words not required in this line.}

Occupation, Cominicin mchr

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 132 German st

Cause of Death, {First (Primary,) Laryngo phthisis

Second (Immediate,) inanition

Duration of Last Sickness, over a year

All the above information should be furnished by the Physician.

Place of Burial, London Park Cem.t

Date of Burial, Feb 28th 1876

Undertaker, Jacob Wenner

Place of Business, No 486 Druid Hill Avenue *Address* 137 W. Fayette St.

Dr Wetherwax M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back [illegible] Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8296

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 26 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 25, 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary H Harden

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.} X

Age, 36 *Years,* 10 *Months,* 10 *Days.*

Color, White *Sex,* X

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.} married

Occupation, ~~[illegible]~~ X

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Danby Pa

Duration of Residence in the City of Baltimore, 31 yrs

Place of Death, {Give street and number.} 758 W Lexington

Cause of Death, First (Primary,) Confinement

Second (Immediate,) Congestion of lungs & heart

Duration of Last Sickness, 24 hours

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Park

Date of Burial, Feb 27th 1876

Undertaker, J & S Lowe

Place of Business, 507 Bell St Address

W G Knowles M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

FILM

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of THIS CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 8297,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPT. FEB 26 1896 BALTIMORE

Date of Death, Feby 24 1896

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Lally

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 44 *Years,* *Months,* *Days.*

Color, Cor

Married, ~~Single~~, Widow or ~~Widower~~, {Cross out the words not required in this line.} Widow

Occupation, Housekeeper

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore. 44 years

Place of Death, {Give street and number.} 26 Holliday st Balto

Cause of Death, {First (Primary,) Pneumonia

Second (Immediate,)

Duration of Last Sickness, Three weeks

All the above information should be furnished by the Physician

Place of Burial, Laurel Cemetery

Date of Burial, Feb 26 1896

{*Undertaker,* John C. Gordon

{*Place of Business,* 63 Park Av

J. H. Patterson M. D.

Medical Attendant.

Address 23 Fountain st Balto

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

SAFETY

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8298

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPT. FEB 26 1876 BALTIMORE

Date of Death, February 26th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Miller

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ——— *Years,* ——— *Months,* Two days *Days.*

Color, White

~~Married~~, *Single,* ~~Widow or Widower~~ {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth)} Baltimore

Duration of Residence in the City of Baltimore. Two days

Place of Death, {Give street and number} Harford Av near Point-lane

Cause of Death, {First (Primary,) Premature Birth (Sixe months)

{Second (Immediate,)

Duration of Last Sickness, Two days

All the above information should be furnished by the Physician

Place of Burial, [illegible]

Date of Burial, [illegible]

{*Undertaker,* [illegible]

{*Place of Business,* [illegible]

A Hartman *M. D.*
Medical Attendant.

Address 305 N Caroline St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children

[OVER.]

KODAK

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8299

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPT. FEB 25 1876 BALTIMORE

Date of Death, 23rd of Feb. 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George H. Drexel

~~Sex.~~ Male or ~~Female~~, {Cross out the word not required in this line.}

Age, *Years,* 7 *Months,* 3 *Days.*

Color, White

~~Married, Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth} Pa

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 496 N. Eutaw

Cause of Death, {First (Primary,) Eruption on the Skin / Second (Immediate,) Pyrexia}

Duration of Last Sickness, 2 month

All the above information should be furnished by the Physician

Place of Burial, Baltimore

Date of Burial, 2/26/76

Undertaker, Reese

Place of Business, 216 Park Ave

J Mathews M. D.
Medical Attendant.

Address 245 E. Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on bac[illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8300

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 24 February

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Conrad Schrösner

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 59 *Years,* 6 *Months,* 21 *Days.*

Color, White *Sex,* ..

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widower

Occupation, Workman

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germania

Duration of Residence in the City of Baltimore, 23 Years

Place of Death, {Give street and number.} No 53 Cambria Avenue (Ellwood)

Cause of Death, First (Primary,) ....

Second (Immediate,) Cerebralis

Duration of Last Sickness, 4 Days

All the above information should be furnished by the Physician.

Place of Burial, Trinity St Cemetery

Date of Burial, Feb 27th 1876

Dr. P. Luskey M. D.
Medical Attendant.

Undertaker, H. Eckhart

Place of Business, 269 Canton Ave

Address No 232 East. Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of Illegitimate children.

[OVER

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on Back [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8301

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 26 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 25th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth S. Burgess

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 69 *Years,* — *Months,* — *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Fallsington Bucks Co Pa

Duration of Residence in the City of Baltimore, 10 years

Place of Death, {Give street and number.} 231 N. Fremont St

Cause of Death, First (Primary,) Congestion of Stomach

Second (Immediate,) Paralysis of Lungs

Duration of Last Sickness, 10 hours

All the above information should be furnished by the Physician.

Place of Burial, Friends G. Yard Harford road Jos. Leydt Martin M. D.

Date of Burial, 27th Febry 1876 Medical Attendant.

Undertaker, Henry M. Deakins & Son *Address* 38 Mt Vernon Place

Place of Business, 16 Light St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8302

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 26 1876

CERTIFICATE OF DEATH.

Date of Death, Feb 24th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles Brown

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, Years, 3 Months, Days.

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} Cor Prestman & Gilmor

Cause of Death, {First (Primary,) Second (Immediate,)} male Nutrition

Duration of Last Sickness, Life

All the above information should be furnished by the Physician

Place of Burial, Mount Olivet Cem. Tho. S. Latimer M. D.

Medical Attendant.

Date of Burial, Feb 26

Undertaker, E. H. Blizzard

Place of Business, 187 Eastern Ave Address 248 Madison ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, (except in cases of births and deaths of illegitimate children.

[OVER.]

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8303

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

FEB 25 1876 BALTIMORE

Date of Death, Feb 20th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wm. Henry Wolf

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Years, 1/4 Months, Days.

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} Cor Prestman & Gilmer

Cause of Death, First (Primary,) —

Second (Immediate,) Mal-Nutrition

Duration of Last Sickness, During Life

All the above information should be furnished by the Physician

Place of Burial, Mount Olivet-cem

Date of Burial, Feb 26

Wm. T. Latimer M. D.
Medical Attendant.

Undertaker, C. H. Blizzard

Place of Business, 18 Lanvale St Address 248 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8304

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPT. FEB 29 1876 BALTIMORE

Date of Death, Feb 23rd 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Harry O Prell

Sex, Male or Female, {Cross out the word not required in this line,} Male

Age, Years, 2½ Months, Days.

Color,

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} Cor Preston & Gilmor

Cause of Death, First (Primary,) Mal-Nutrition

Second (Immediate,)

Duration of Last Sickness, Life

All the above information should be furnished by the Physician

Place of Burial, Mount Olivet cem

Date of Burial, Feb 24 1876

Undertaker, E H Blizzard

Place of Business, 157 Lanvale St

Thos S Latimer M. D.
Medical Attendant.

Address 248 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back.

Board of Health, City of Baltimore,

Permit No. 8305

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 26 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 25th 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Henry Greene

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 9 *Years,* 11 *Months,* 1 *Days.*

Color, colored. *Sex,* male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. Md.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 73 Goodmans Al

Cause of Death, First (Primary,) Death caused by injury received by being kicked upon the head causing fracture of frontal bone and brain protruding

Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feb 27. 76

J. E Hamilton M. D.
Medical Attendant.

Undertaker, W M Chase

Place of Business, W M Chase *Address* 721 Light st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on ba

Board of Health, City of Baltimore,

Permit No. 5306. OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPART... FEB 28 1876 BALTIMORE...

CERTIFICATE OF DEATH.

Date of Death, February 25th 1876

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mary Isabella Kahler

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, ~~Two~~ Four *Years,* three *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } N 675 W. Fayette St

Cause of Death, { First (Primary,) / Second (Immediate,) } Scarlatina

Duration of Last Sickness, Nine days

All the above information should be furnished by the Physician.

Place of Burial, Green Mt. Cemetery. J. H. Chatard M. D.

Date of Burial, Feby 27th 1876 Medical Attendant.

Undertaker, Hughes & Co

Place of Business, 553 & 10 Fayette St *Address* N 114 Park Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8307

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 26 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feby 25th/876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George Henry Barney

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, About Four *Years,* Unknown *Months,* *Days.*

Color, Colored *Sex,* Male This child was dead when I first saw it, they stated the child had Rickets, never had a Physician to attend it at the house- one prescribed for it while it was sick- taken, two weeks before its death.

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 40 East St

Cause of Death, {First (Primary,) They tell me Rickets Sent to the father to the station house to the coroner to report the case, & he now Second (Immediate.)

Duration of Last Sickness, Two weeks returns to me for a Certificate, though I will not be responsible for as to its correctness

All the above information should be furnished by the Physician.

Place of Burial, [illegible]

Date of Burial, [illegible]

Undertaker, [illegible]

Place of Business, [illegible]

A Freyschlager M. D.
Medical Attendant.

Address 111 S Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on B...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8308.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 25 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb. 24th 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Littleton H. Wolford.

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, 3 *Years,* 11 *Months,* 14 *Days.*

Color, Colored *Sex,* male

Married, ~~Single, Widow or~~ Widower, {Cross out the words not required in this line.}

Occupation, Infant

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Dorchester County Md.

Duration of Residence in the City of Baltimore, 14 years

Place of Death, {Give street and number.} 130 N. Regester St.

Cause of Death, First (Primary,) Cold

Second (Immediate.) Phthisis Pulmonalis

Duration of Last Sickness, 1 year

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Febuary 27th 76

Undertaker, W. H. Dorsey

Place of Business, 1017 Eutaw St.

Francis J. Dunn M. D.
Medical Attendant.

Address 133 Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8309

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 28 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 25th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Mary Ann Welch

~~*Sex, Male or* Female,~~ {Cross out the word not required in this line.}

Age, 30 *Years.* *Months.* *Days.*

Color, White *Sex,*

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Howard Co Md

Duration of Residence in the City of Baltimore, 26 yrs

Place of Death, {Give street and number.} Market Shed

Cause of Death, {First (Primary,) Tuberculus Consumption

{Second (Immediate,)

Duration of Last Sickness, 3 yrs

All the above information should be furnished by the Physician.

Place of Burial, St Patricks Cemetery

Date of Burial, Feb 27 1876

{*Undertaker,* James P Byrne

{*Place of Business,* No 63 N Front St *Address*

C A Doinon M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8310

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

FEB 29 1876 BALTIMORE

Date of Death, 25th February 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary McNichols

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 78 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth)} Pennsylvania

Duration of Residence in the City of Baltimore, 60 yrs

Place of Death, {Give street and number.} 139 Montgomery st

Cause of Death, First (Primary,) Nephritis

Second (Immediate,) Uraemia

Duration of Last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Feb 28th 1876

Undertaker, Armstrong Bros

Place of Business, 265 Light st

H H Webster M. D.
Medical Attendant.

Address 57 Barnes

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on b...

Board of Health, City of Baltimore,

Permit No. 8311

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 25 1876 BALTIMORE

Date of Death, Feby 26th 76.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Katy Mack.

Sex, ~~Male or~~ *Female,* { Cross out the word not required in this line. }

Age, 2 *Years,* 2 *Months,* *Days.*

Color, White, *Sex,*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore City.

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } S E Cor of Portland & Mary Sts.

Cause of Death, { First (Primary,) Diphtheria.
Second (Immediate,)

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsius Cem. Date of Certificate, Feby 27th 1876

Date of Burial, Feby 27th 1876 John L. K. Bozzo M. D.
Medical Attendant.

{ *Undertaker,* Julius Koehler
{ *Place of Business,* Cor Sharp & Cross Address St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on ba

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8312,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 29 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb. 25th 11 P.M. 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Frederick Hörtens

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, *Years,* 11 *Months,* 2 Weeks Days

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. Md. ~~Central Ave~~

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 189 N. Bethel

Cause of Death, {First (Primary,) Do not know, but when called Second (Immediate,) Was suffering with softning of Brain

Duration of Last Sickness, Have not been since Jan. 25th

All the above information should be furnished by the Physician.

Place of Burial, H Mathews B. Ground

Date of Burial, Feb 27

James E Donville M. D.
Medical Attendant.

{*Undertaker,* Wm Hackmann *Address* 299 E Balto St.
{*Place of Business,* ~~No 26 Bank St~~

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8313

The Physician who attended any person in a last Illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 29 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feby 26

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Louise C. Hall

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 3 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 56 Arlington Avenue

Cause of Death, First (Primary,) Membranous Croup

Second (Immediate,)

Duration of Last Sickness, —

All the above Information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Feb 27th 1876

R. K. Knox M. D.
Medical Attendant.

Undertaker, J. B. Cook

Place of Business, 107 West Baltimore St Address 554 W Fayette

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this C...

Board of Health, City of Baltimore,

Permit No. 8314

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 26 1876 BALTIMORE

Date of Death, Feb 25th 76

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Albert Lemley Bittle

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 3 *Years,* 1 *Months,* 2 *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth} Balto city

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number.} 408 Hamburg St

Cause of Death, {First (Primary,) Second (Immediate,)} Scarlet Fever

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician

Place of Burial, Bald Cemetery

Date of Burial, Feb 27 1876

Undertaker, H. H. Gislin

Place of Business, Hamburg St *Address* 76 Hanover St

A H Lemley *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8315

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb 23rd 11

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Margaretta Sullivan

Sex, Male or Female, {Cross out the word not required in this line,}

Age, 64 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Housekeeper

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland 23 years in U S

Duration of Residence in the City of Baltimore, 24 years

Place of Death, {Give street and number.} 32 North Howard St

Cause of Death, First (Primary,) Accidental Burns Death

Second (Immediate,) Shock & Exhaustion

Duration of Last Sickness,

All the above information should be furnished by the Physician

Place of Burial, St Vincents

Date of Burial, February 26th

Undertaker, Jos P Byrne

Place of Business, 63 N Fremont *Address*

Edwin M Cox *M. D.*
Medical Attendant.

Coroner

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 1

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

Permit No. 8316.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 27 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 26. 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named give names of parents.} Frances Reans.

Sex, Male or Female, {Cross out the word not required in this line,} Female

Age, 25. *Years,* —— *Months,* —— *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} single

Occupation, House Servant.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 3 years.

Place of Death, {Give street and number.} 1414 Chesnut St

Cause of Death, {First (Primary,) Consumption

{Second (Immediate,)

Duration of Last Sickness, 6 weeks.

All the above information should be furnished by the Physician

Place of Burial, West Pattonsville

Date of Burial, July 27 1876

Undertaker, Wm Donovan

Place of Business, Central Avenue

M. D.
Medical Attendant

Address Commissioner of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. [illegible]

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6317.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

BALTIMORE 1876

CERTIFICATE OF DEATH.

Date of Death, Feb 26th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Catie Gillice

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, Two *Years,* Six *Months,* *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth)} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} Linden 21 16

Cause of Death, {First (Primary) ... Second (Immediate,)} Scarlet Fever

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial Holy Cross

Date of Burial, February 27th 1876

Undertaker, W. Hickmann

Place of Business, 234 N. Gay St.

E. C. Baldwin *M. D.*
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 1. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this ...

Board of Health, City of Baltimore,

Permit No. 8318

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

FEB 27 1876 BALTIMORE

Date of Death, 25th Feb 1876

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Hester Dickens

Sex, ~~Male or~~ Female, { Cross out the word not required in this line. }

Age, 49 *Years,* *Months,* *Days.*

Color, Black *Sex,*

~~Married~~, ~~Single~~, Widow ~~or Widower~~, { Cross out the words not required in this line. }

Occupation, Washerwoman

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Dorchester Co Md

Duration of Residence in the City of Baltimore, 15 years

Place of Death, { Give street and number. } 214 Hollingsworth st

Cause of Death, { First (Primary,) Congestion

Second (Immediate,)

Duration of Last Sickness, 15 hours

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, February 29th 1876

Undertaker, Wilson & Young

Place of Business, 110 E Lee St.

Wm. A. Arnett *M. D.*
Medical Attendant.

Address 16 Courtney Alley

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8319

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

REGISTRAR'S OFFICE FEB 27 1876 BALTIMORE

Date of Death, February 25th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Samuel Butler

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 1 *Years,* *Months,* *Days.*

Color, Black *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, during Birth

Place of Death, {Give street and number.} 94 N. Spring St

Cause of Death, First (Primary,) Catarrah Fever

Second (Immediate,)

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Loud Cemetery

Date of Burial, February 27th 1876

James E Emmitt M. D.
Medical Attendant.

Undertaker, William A. Lange

Place of Business, 11 W. East St.

Address 299 E Balto. St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8220

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 27 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb. 26. 76

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Josephine Tolton

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Years, five (5) Months, eight (8) Days.

Color, Negro *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 42 Shuter St.

Duration of Residence in the City of Baltimore, Five months & eight days

Place of Death, {Give street and number.} Shuter St.

Cause of Death, First (Primary,) Cab. Bronchitis.

Second (Immediate,) Asphyxia.

Duration of Last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, Laurel Hunters

Date of Burial, Feb 27th 1876

Undertaker, Wm. J. Dange

Place of Business, 111 164 East St.

Address 205 N. Broadway

W. J. O'Reilly, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on Ba...

Board of Health, City of Baltimore,

Permit No. 8321. / OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 27 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 27th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Celia Lee

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 57 *Years,* *Months,* *Days.*

Color, Black *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Washing

Birthplace, {State or country (and how long in the United States, if of foreign birth.} St Marys Co Md

Duration of Residence in the City of Baltimore, 3 Years

Place of Death, {Give street and number.} 2 Gunther Ct

Cause of Death, {First (Primary,) Pneumonia

Second (Immediate,) Abscess

Duration of Last Sickness, 1 Month

All the above information should be furnished by the Physician.

Place of Burial, Catherdral Cemetery D Lawley M. D.

Date of Burial, Feb 29th 1876 Medical Attendant.

{*Undertaker,* Wm Somerville

Place of Business, 45 Mulberry St *Address* 45 Mulberry St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on ba

Board of Health, City of Baltimore,

Permit No. 8322

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTRAR OF VITAL STATISTICS FEB 27 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 26th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Hampton Shepherd

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, Three *Years,* Eight *Months,* *Days.*

Color, White *Sex,* Female

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 13 Druid Hill Avenue

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 13 Druid Hill Avenue

Cause of Death, First (Primary,) Scarlatina

Second (Immediate,) Anasarca

Duration of Last Sickness, About One week

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemet

Date of Burial, Feb 28th 1876

Undertaker, Jacob Werner

Place of Business, 1436 Druid Hill Avenue

Milton T. Taylor M. D.
Medical Attendant.

Address 100 Saratoga Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 1[illegible]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8373

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 27 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feb. 26th 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Jane R. Snyder

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 68 *Years,* *Months,* *Days.*

Color, White *Sex,*

~~*Married, Single,*~~ *Widow or* ~~*Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} St. Augustine, Florida

Duration of Residence in the City of Baltimore, Sixty years

Place of Death, {Give street and number.} Edw. S. of Pratt

Cause of Death, First (Primary,) Scirrhus of Pylorus

Second (Immediate,) Emaciation

Duration of Last Sickness, about 6 months, since taking to bed

All the above information should be furnished by the Physician.

Place of Burial, W. Ches. Cemetery

Date of Burial, Feby 28th 1876

Jno. M. Galt M. D.
Medical Attendant.

Undertaker, Thos. S. Hughes

Place of Business, 146 E. Pratt st. *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Cer...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 83241

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 26th 1876.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents } Mary Emma Cochran

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 4 *Years,* 6 *Months,* — *Days.*

Color, White *Sex,* Female

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Maryland

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and number. } 47 S. Green St

Cause of Death, { First (Primary,) Diphtheria

Second (Immediate,) 4 days,

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery J. H. Houck, M. D.

Date of Burial, Feb 28th 1876 Medical Attendant.

{ *Undertaker,* Thos. S. Hughes

{ *Place of Business,* 411 E. Pratt Address 75 E. Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8325

The Physician who attended any person in last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 27 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 25th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Donald Short

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, —— *Years,* 1 *Months,* —— *Days.*

Color, Aprecain

Married, ~~Single,~~ Widow or Widower, {Cross out the words not required in this line.}

~~Occupation,~~

Birthplace, {State or country (and how long in the United States, if of foreign birth)} Dale City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 9 Canal St

Cause of Death, {First (Primary.) Convulsion
Second (Immediate,)}

Duration of Last Sickness, 6 day

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feb 27th 76

Undertaker, Jno B Williams

Place of Business, 167 East

Geo. N. Benson M. D.
Medical Attendant.

Address 114 E Pennsylvania Ave City

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8326

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 27 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb. 26th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Infant of Mary & Chas. Shakspeare

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ____ *Years,* ____ *Months,* 10 *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} No 241 Shakespear street

Cause of Death, {First (Primary,) Convulsions

Second (Immediate,)

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician

Place of Burial, St. Matthews Cem.

Date of Burial, Feb. 27th 1876

Undertaker, Lainhart Keller

Place of Business, 171 S. Bond St.

Address

M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information from Undertaker

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8327

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb. 25th 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Caroline Thomas

Sex, Male or Female, {Cross out the word not required in this line.}

Age, about 65 *Years,* *Months,* *Days.*

Color, Black. *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Not known

Duration of Residence in the City of Baltimore, "

Place of Death, {Give street and number.} 259 Crop St.

Cause of Death, {First (Primary,) Typho-Bilious. Second (Immediate,)

Duration of Last Sickness, About 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel, Cemetery

Date of Burial, Feb. 27. 76

J. B. Hall M. D.
Medical Attendant.

Undertaker, L. W. & Mose

Place of Business, 174 E. Hanover *Address* Southern Dispensary

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on ba[illegible]

Board of Health, City of Baltimore,

Permit No. 8328.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 27 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb. 26th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ashberger

Sex, ~~Male~~ *Female,* {Cross out the word not required in this line.} Female

Age, 60 *Years,* —— *Months,* —— *Days.*

Color, White *Sex,* Female

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.} Married

Occupation, wife

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 20 years

Place of Death, {Give street and number.} 423 Saratoga St

Cause of Death, {First (Primary,) Phthisis

{Second (Immediate,) "

Duration of Last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cemetery

Date of Burial, 29th February 1876

Undertaker, Peter Sumwalt

Place of Business, 817 Mulberry St

Thomas Opie M. D.
Medical Attendant.

Address 729 W. Fayette

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8329.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH OFFICE FEB 29 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 26th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Dora Ella Hall

Sex, Male or Female, {Cross out the word not required in this line.}

Age, twenty three *Years,* five *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, all of her life

Place of Death, {Give street and number.} 228 Germon st

Cause of Death, {First (Primary,) / Second (Immediate.)} Pulmonary Consumption

Duration of Last Sickness, About 2 years

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park, Co.

Date of Burial, Feb. 28. 1876

D. T. Hoffman M. D.
Medical Attendant.

{*Undertaker,* J. B. Blackistone & son *Address*
{*Place of Business,* 606 Balt st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of Illegitimate children.

[OVER.

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this C[illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8330

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 29 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb. 25th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Rosa Robinson

Sex, Male or Female, {Cross out the word not required in this line,} Female

Age, 6 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation, Midwife

Birthplace, {State or country (and how long in the United States, if of foreign birth)} Maryland

Duration of Residence in the City of Baltimore, Six years

Place of Death, {Give street and number.} No. 68 Rose st.

Cause of Death, First (Primary,) Cancer & Ulceration and Paralysis

Second (Immediate,) Exhaustion

Duration of Last Sickness, Four (4) Months

All the above information should be furnished by the Physician.

Place of Burial, Annarundel County

Date of Burial, February 28th 1876

Undertaker, H. M. Gibsoneyer

Place of Business, 31st Canton Av.

G. L. Wilkins M. D.
Medical Attendant.

Address 69 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of t...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8331

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 29 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 26 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Louis Henry Stubin

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Six weeks *Years,* *Months,* *Days.*

Color, Black *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto city

Duration of Residence in the City of Baltimore, Six Weeks

Place of Death, {Give street and number.} 4 Carlton st North

Cause of Death, {First (Primary,) Congestion of Brain

Second (Immediate,) Convulsion

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetry

Date of Burial, Feb 28 1876

Undertaker, [illegible]

Place of Business, 23 Carlton Ave

Sutton Hall M. D.

432 W Fayette st Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of t[illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8332

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 29 1896 BALTIMORE MD

Date of Death, Febr. 27/ 1896

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Staub

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 7 *Years,* — *Months,* — *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 98 S. Dunn

Cause of Death, First (Primary,) Croup

Second (Immediate,)

Duration of Last Sickness, Two days

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Feb 28 1896

Abram M Arnold M. D.
Medical Attendant.

Undertaker, Peter Shroeder

Place of Business, Balto *Address* Gorsuch

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this...

Board of Health, City of Baltimore,

Permit No. 8333

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 29 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb. 27th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Anthony Celine Jr.

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 24 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Clerk

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 387 E. Pratt

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate,)

Duration of Last Sickness, 4 Years

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, February 29th 1876

James E. Donnelly M. D.
Medical Attendant.

Undertaker, Hughes & Co

Place of Business, 65 & Broadway *Address* 291 E Balt St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this ...

Board of Health, City of Baltimore,

Permit No. 8334

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 29 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 26th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Keighley

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 26 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.} Married

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 9 years

Place of Death, {Give street and number.} 326 Bank St.

Cause of Death, First (Primary,) Metritis

Second (Immediate,) Mortification

Duration of Last Sickness, 48 Hours

All the above information should be furnished by the Physician.

Place of Burial, Balto. Cemetery

Date of Burial, Feby 28th 1876

Undertaker, Hughes & Co

Place of Business, 65 S. Broadway

James E. Donnelle M. D.
Medical Attendant.

Address 299 E. Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8335.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. FEB 29 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 27th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Thos. Gillespie

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ____ *Years,* ____ *Months,* 49 *Days.*

Color, white *Sex,* ____

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ____

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Liberty Road

Duration of Residence in the City of Baltimore, 2 weeks

Place of Death, {Give street and number.} 36 Fred Ave

Cause of Death, First (Primary,) Bronchitis

Second (Immediate,)

Duration of Last Sickness, 4 days

All the above Information should be furnished by the Physician.

Place of Burial, Potters Baltimore Co.

Date of Burial, Feb 28th 1876

Geo H Dare M. D.
Medical Attendant.

Undertaker, J & E Cook

Place of Business, 197 West Baltimore St Address 91 Fred Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on ba...

Board of Health, City of Baltimore,

Permit No. 8336

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 29 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 29 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Thomas Murray

Sex, Male or Female, {Cross out the word not required in this line.} M

Age, 36 *Years,* *Months,* *Days.*

Color, W *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Contractor

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life Resident

Place of Death, {Give street and number.} 552 Franklin St

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate,)

Duration of Last Sickness, 18 months

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, 29th Feby

Richd. McSherry **M. D.**
Medical Attendant.

Undertaker, J B Cook

Place of Business, 707 W Balto St *Address* 189 N Howard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8337.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 29 1876

CERTIFICATE OF DEATH.

Date of Death, February 27th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Martha Davis

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, — *Years,* — *Months,* 13 *Days.*

Color, Colored *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 31 Arch St

Duration of Residence in the City of Baltimore, 13 days

Place of Death, {Give street and number.} 31 Arch St

Cause of Death, First (Primary,) Rapidly developed

Second (Immediate,) Pneumonia

Duration of Last Sickness, 13 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feby 28th 1876

Undertaker, Wm F Gray

Place of Business, 65 Mulberry St

F. A. Litsinger M. D.
Medical Attendant.

Address 23 N. Green St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on ba...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8338

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. FEB 29 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb: 27th, 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} G: Howard

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, *Years,* 13 *Months,* *Days.*

Color, Black *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore city

Duration of Residence in the City of Baltimore, 13 yrs

Place of Death, {Give street and number.} 78 Jasper st:

Cause of Death, First (Primary,) Congestion of Brain

Second (Immediate,) Exhaustion

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Lowel Cemetery

Date of Burial, Feby 28th 1876

Undertaker, Wm Lawrence

Place of Business, 65 Mulberry st

W. Griffith M. D.

Medical Attendant.

Address 117 W: Madison st:

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8339

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. FEB 29 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb: 26th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Joseph Jones

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 2 *Years,* 2 *Months,* *Days.*

Color, Black *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, 2 yrs + 2 months

Place of Death, {Give street and number.} 56 St Mary st:

Cause of Death, First (Primary,) Pneumonia

Second (Immediate,) "

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feby 28th 1876

Undertaker, Wm Lamb Gray

Place of Business, 65 Mulberry St

R. H. Griffith M. D.

Medical Attendant.

Address 1171 W. Madison st:

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back.

Board of Health, City of Baltimore.

Permit No. 8310 / OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 29 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 27th 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Herman Thumhoff.

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, Sixty Six *Years,* Six *Months,* *Days.*

Color, White *Sex,* Male.

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Cake Baker.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Hanover, Germany.

Duration of Residence in the City of Baltimore, Sixteen years.

Place of Death, {Give street and number.} 25 May st.

Cause of Death, First (Primary,) ——— Second (Immediate,) Consumption.

Duration of Last Sickness, Twelve Months.

All the above Information should be furnished by the Physician.

Place of Burial, St Mathews Cemetery

Date of Burial, Feb 29/76

Undertaker, C. Rossing

Place of Business, 136 E Fayette

Nicholas L Dorsett, M. D.
Medical Attendant.

Address 207 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8341

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 27th Feby 1876 (Bertha Boehme)

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Bertha Baehne

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Fe

Age, 38 *Years,* — *Months,* — *Days.*

Color, *Sex,*

Married, ~~Single~~, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Rennsen Mueenden (Germany)

Duration of Residence in the City of Baltimore, 9 years 6 months

Place of Death, {Give street and number.} 157 Mulberry st

Cause of Death, First (Primary,) Adenitis Variolosa

Second (Immediate,) Exhaustion

Duration of Last Sickness, Sick many months when my care

All the above information should be furnished by the Physician. one week

Place of Burial, St. Paul Luth and P. D. Wehrmann M. D.

Date of Burial, 29 } A. M. Park

Medical Attendant.

Undertaker, J. Schultheis

Place of Business, Undertaker 154 Mulberry st Address 120 Veal st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...e Special ...ntion of Physicians is respectfully invited to the remarks below, and to List of Diseases.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8312

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 29 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 28th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Clara Krause

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 28 *Years,* *Months,* *Days.*

Color, W *Sex,* F

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 2 years

Place of Death, {Give street and number.} No 122 E Pratt St Balt

Cause of Death, First (Primary,) Child Birth

Second (Immediate,)

Duration of Last Sickness, A Few days

All the above information should be furnished by the Physician.

Place of Burial, Hays Cemetery

Date of Burial, Feb 29th

J Ridgway Brune M. D.
Medical Attendant.

Undertaker, Wm Elsei

Place of Business, 101 Gough St *Address* E.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on ba[illegible]

Board of Health, City of Baltimore.

Permit No. 8343

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 28 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 26th 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ella C. Post.

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Twenty Five *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City Md

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 133 S. Bond St

Cause of Death, {First (Primary.) / Second (Immediate.)} Consumption

Duration of Last Sickness, Twelve Months.

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cem

Date of Burial, Feb. 28th 1876

Undertaker, M. A. Daiger

Place of Business, 74 S. Bond

Nicholas L. Dashiell M. D.
Medical Attendant.

Address 207 E. Broadway.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8344.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. FEB 29 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 28th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Bennis

Sex, Male or Female, {Cross out the word not required in this line.} M

Age, 52 *Years,* 8 *Months,* 24 *Days.*

Color, W *Sex,* M

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 25 yrs

Place of Death, {Give street and number.} 108 Preston St

Cause of Death, First (Primary,) Intemperance

Second (Immediate,) Convulsions

Duration of Last Sickness, Constantly Intoxicated 2 months

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral Cem

Date of Burial, 29th July 1876

C Muirhead M. D.
Medical Attendant.

Undertaker, Chas Scriven

Place of Business, Eutaw & Rose 271

Address 23 McCulloh St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8315

The Physician who attended any person in a last Illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. FEB 29 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sunday Feby 27 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Martha A. Thomas

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.} Female

Age, 68 *Years,* — *Months,* — *Days.*

Color, White *Sex,* Female

~~*Married,* *Single,*~~ *Widow* or ~~*Widower,*~~ {Cross out the words not required in this line.} Wd W

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Va

Duration of Residence in the City of Baltimore, 68 Years

Place of Death, {Give street and number.} Lynch & Jones Undertakers N. Broadway

Cause of Death, First (Primary,) Tumor Ovarian

Second (Immediate,) —

Duration of Last Sickness, —

All the above Information should be furnished by the Physician.

Place of Burial, Baltimore conf. F. D. Garrn M. D.

Date of Burial, Feb 28 Medical Attendant.

Undertaker, C. W. Lynch

Place of Business, 15 & 20 Lombard Address Lynch & Jones Undertakers 80 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on bac

Board of Health, City of Baltimore,

Permit No. 8316 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 29 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 26th Feb. 76

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Johann Steinbicher

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 8 *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, "

Place of Death, {Give street and number.} 6 Ridgely pl.

Cause of Death, First (Primary,) Scarlet fever

Second (Immediate,) Eclampsia

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, 28th Feb.

W. Abbott M. D.
Medical Attendant.

Undertaker, H. N. Troll for A. T.

Place of Business, 70 S. Howard St. *Address* 78 S. Sharp pl.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 83217

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 20 1875

CERTIFICATE OF DEATH.

Date of Death, February 28th 1876

Full Name of Deceased, {Writes legibly and spell correctly. If an infant not named, give names of parents.} Mary Heath

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, ____ *Years,* 1 *Months,* ____ *Days.*

Color, White *Sex,* Female

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, ____

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, Whole life

Place of Death, {Give street and number.} 100 Hillen St

Cause of Death, {First (Primary,) Inflammation of bowels

Second (Immediate,)

Duration of Last Sickness, 2 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Balto. Cemetery

Date of Burial, Feb. 28th 1876

Undertaker, John J. Redmayne

Place of Business, Cor. Greenmount Ave & Monument St

S. N. Hunter M. D.
Medical Attendant.

Address 111 Greenmount Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back o...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8318

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

BALTIMORE HEALTH DEPARTMENT FEB 28 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feby 27th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Stephen Kilduff

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, *Years,* 3 *Months,* 16 *Days.*

Color, White *Sex,* Male

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 50 Eager Baltimd

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 50 Eager

Cause of Death, {First (Primary,) Convulsions
Second (Immediate,)

Duration of Last Sickness, Sudden death, Dead when called

All the above information should be furnished by the Physician.

Place of Burial, St Mary's

Date of Burial, Feb 28 - 1876

Geo. B. Reynolds M. D.
Medical Attendant.

Undertaker, John N. Rodman & Co *Address* 34 N. Calvert

Place of Business, N E Cor Fayette & Monument St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

e Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on ba

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8319

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 28 1876 BALTIMORE

Date of Death, Feb. 27. 76

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jacob Robison

~~*Sex*~~, *Male or* ~~*Female*~~, {Cross out the word not required in this line.}

Age, 21 *Years,* — *Months,* — *Days.*

Color, Colored *Sex,* Male

~~*Married*~~, *Single, Widow or Widower,* {Cross out the words not required in this line.} Single

Occupation, Seaman

Birthplace, {State or country (and how long in the United States, if of foreign birth.} City.

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} Washington University Hospital

Cause of Death, {First (Primary,) Epilepsy

Second (Immediate,) Phthisis Pulmonalis

Duration of Last Sickness, 13 months.

All the above information should be furnished by the Physician.

Place of Burial, E. Potters Field

Date of Burial, Feb 28th 1876

H. L. Wolfe *M. D.*
Medical Attendant.

{*Undertaker,* M. Donovan

Place of Business, 148 S. Central Av

Address Washington University Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8350

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 28 1876 BALTIMORE.

Date of Death, Feb 27th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Wm Gaines

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 1 *Years* ——— *Months,* ——— *Days.*

Color, Blk

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth)} Balto City

Duration of Residence in the City of Baltimore. Life

Place of Death, {Give street and number} 26 S. Dallas St

Cause of Death, {First (Primary,)} Cold

{Second (Immediate,)} Bronchitis

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician

Place of Burial, Laurel Cemetery

Date of Burial, Feb 28th 1876

M. D.

Undertaker, Wm N. Duncan

Place of Business, East St *Address* Commissioners of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Mary A Gaines Mother

[OVER]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8357

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 28 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 27 Febr 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Hassauer

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 9 *Years,* 6 *Months,* *Days.*

Color, white *Sex,* male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 126 Paca Str. N.

Cause of Death, { First (Primary,) Meningitis. / Second (Immediate,) }

Duration of Last Sickness, ab. 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Comty.

Date of Burial, Feb 29 th 1876.

C Hoffmann M. D.
Medical Attendant.

Undertaker, H. Hoffmann.

Place of Business, 63 N. Eden St. *Address* 57 Lisquithst.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

PHYSICIAN'S SPECIAL ATTENTION TO INSTRUCTIONS IS RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES OR CAUSES OF DEATH.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8352.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPT. FEB 28 1876 BALTIMORE

Date of Death, Feb 27 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henry Collins

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 38 Years, Months, Days.

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore. 17 years

Place of Death, {Give street and number.} 24 Johnson St

Cause of Death, {First (Primary.) Pleuritis with effusion / Second (Immediate,) Internal hemorrhage

Duration of Last Sickness, 17 days.

All the above information should be furnished by the Physician

Place of Burial, St Peters

Date of Burial, Feb 29th 1876

Undertaker, Joseph F Boyce

Place of Business, 52 or Liberty

D. Little Hall M. D.
Medical Attendant.

Address 154 Shaft St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8353

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 28 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb. 26th at 11 o'clock a.m.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Clara Willis

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 16 *Years,* 11 *Months,* 3 *Days.*

Color, Colored *Sex,* Female

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Frederick County Md.

Duration of Residence in the City of Baltimore, 6 months

Place of Death, {Give street and number.} 220 Dover St. Baltimore

Cause of Death, First (Primary,) Child bed

Second (Immediate,)

Duration of Last Sickness, 1 day

All the above information should be furnished by the Physician.

Place of Burial, Sharpe St Cemetery

Date of Burial, Feb 27 '76

Undertaker, S. H. Shuer

Place of Business, 1951 Hanover

C. E. Richardson M. D.
Medical Attendant.

Address 302 W Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8357

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 28 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 28th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Eliza Fowler

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 21 *Years,* —— *Months,* —— *Days.*

Color, Colored

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, Servant

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 3 years

Place of Death, {Give street and number.} 305 Walsh St.

Cause of Death, {First (Primary,) Pleuro-Pneumonia

{Second (Immediate,)

Duration of Last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feb 29 1876

Undertaker, J. B. Blackiston

Place of Business, N. Balto St

J. H. Keller M.D.

Medical Attendant

Address 89 N. Greene St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, so far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

No.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 355

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 28 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 28th 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth A. Dubach

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 9 *Years,* 2 *Months,* 21 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, 8 years

Place of Death, {Give street and number.} No 9 S. Belmont St

Cause of Death, First (Primary,) Cancer of the throat

Second (Immediate,) Strangulation

Duration of Last Sickness, 18 months

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cemetery

Date of Burial, Feb. 29th 1876

Undertaker, John S Thacker

Place of Business, No 150 Camden *Address* No 208 W. Lombard St

Charles M. Howell M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8356

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPT. FEB 28 1876 BALTIMORE.

Date of Death, Feb 26th 1876.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Simon Chas. Hughes

Sex, Male ~~or Female~~, { Cross out the word not required in this line. } Male

Age, 22 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, ~~Single, Widow or Widower~~, { Cross out the words not required in this line. } Married

Occupation, Hatter

Birthplace, { State of country (and how long in the United States, if of foreign birth. } Palmyra Mo

Duration of Residence in the City of Baltimore, 19 years

Place of Death, { Give street and number. } 339 N. Amer st

Cause of Death, { First (Primary,) Diabetes / Second (Immediate,) }

Duration of Last Sickness, 3 years

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Feby 29th 1876.

A P P Coates *M. D.*
Medical Attendant.

Undertaker, Jno A. Weaver.

Place of Business, 22 N. Fayette St. *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on B...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8357.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 28 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 2 Mo 27th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Ann Stansbery

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, 53. *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, ~~no~~.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 53 years

Place of Death, {Give street and number.} 83 N Exeter.

Cause of Death, First (Primary,) Acute Albuminuria

Second (Immediate,)

Duration of Last Sickness, 15 days.

All the above information should be furnished by the Physician.

Place of Burial, Balti Cemetery

Date of Burial, March 1st 1876

Undertaker, Henry H. Mears

Place of Business, 45 N Gay St

W Riley M. D.
Medical Attendant.

Address 47 Lexington St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on B

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8358

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 28 1876 BALTIMORE

Date of Death, 27 February 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Catherine Hillenhorst

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, 12 *Years,* — *Months,* 12 *Days.*

Color, white *Sex,* female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} married

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Kirchhesen. Germany. Since 1860 in the U. S.

Duration of Residence in the City of Baltimore, since 1860

Place of Death, {Give street and number.} 9 Thames 330

Cause of Death, First (Primary,) Consumption

Second (Immediate,) Exhaustion

Duration of Last Sickness, 3 years & a half

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemetery

Date of Burial, 29 February 1876

L. E. Reinhard M. D.
Medical Attendant.

Undertaker, H Lutchen

Place of Business, Con Thames & Ann St.

Address 281 West Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

THE SPECIAL ATTENTION OF PHYSICIANS IS RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST OF DISEASES on BACK

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8359

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

FEB 28 1876 BALTIMORE

Date of Death, Feb. 27th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John H. Banks

Sex, Male or ~~Female,~~ {Cross out the word not required in this line.}

Age, 2 *Years,* *Months,* *Days.*

Color, Colored

Married, ~~Single,~~ Widow or Widower, {Cross out the words not required in this line.}

Occupation, Oyster Shucker

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Dorchester Co. Md.

Duration of Residence in the City of Baltimore, Nine years.

Place of Death, {Give street and number.} 30 N. Eden & Eastern St

Cause of Death, {First (Primary,) Congestion of Lungs. Second (Immediate,) Exhaustion.

Duration of Last Sickness, Four weeks

All the above information should be furnished by the Physician

Place of Burial, Laurel Cemetery

Date of Burial, Feb 28) 76

Undertaker, John W Sacks

Place of Business, No 523 Wolfe St

G. Glanville, Rue K M. D.
Medical Attendant.

Address Balt & Rock. Rds.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8360

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 28 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feby. 26th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Donohue Byrne

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, 5 *Years,* *Months,* 26 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. Md

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} No 30. S Kopkerton St

Cause of Death, First (Primary,) Scarlatina

Second (Immediate.)

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, Feb 28 1876

Undertaker, James P Byrne

Place of Business, No 63 N Exeter St

P S Zimmerman M. D.
Medical Attendant.

Address Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of [illegible]

Board of Health, City of Baltimore,

Permit No. 8361

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 28 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feby 26th 1876

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Herbert Evans Beale

~~*Sex,*~~ *Male or* ~~*Female,*~~ { Cross out the word not required in this line. }

Age, 2 *Years,* 2 *Months,* 7 *Days.*

Color, Whit *Sex,*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Ballo.

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 178 E. Pratt St.

Cause of Death, { First (Primary,) Acute Phthisis

{ Second (Immediate,) Since birth

Duration of Last Sickness,

All the above Information should be furnished by the Physician.

Place of Burial, M E Cemetery Balto

Date of Burial, Feb 28

R W. Mansfield M. D.
Medical Attendant.

Undertaker, Wm Fry

Place of Business, 54 N Broadway *Address* 117 S Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. .....

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8362.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 28 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 27th 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Emily J Saml. Connoth 3 Parents

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 3 hours ~~Days.~~

Color, BLK

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth)} Balto city

Duration of Residence in the City of Baltimore.

Place of Death, {Give street and number.} 360 E. Fayette St

Cause of Death, {First (Primary,) / Second (Immediate,)} Asthenia

Duration of Last Sickness,

All the above Information should be furnished by the Physician

Place of Burial, M. E. Cemetery P.R.

Date of Burial, Feb 27th 1876

Undertaker, H. Fox

Place of Business, Broadway

Address Commrs of Health & Register

M. D.

~~Medical Attendant.~~

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Sarah Lyle — Midwife

[OVER.]

No.

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this C[illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8363

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 29 1876 BALTIMORE

Date of Death, 28 February 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ignatius

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Years, Months, 3 5 Days.

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Foundling

Duration of Residence in the City of Baltimore, 4 weeks

Place of Death, {Give street and number.} St Vincents Infr Asylum

Cause of Death, First (Primary,) atrophy

Second (Immediate,) Hydrocephaloid convulsions

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician

Place of Burial, Cathedral Cemetery

Date of Burial, Feb 29 1876

Undertaker, Sisters

Place of Business, Institution

Mabury Brewer M. D.
Medical Attendant.

Address 201 W. Biddle St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this C...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8364

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPT. FEB 28 BALTIMORE.

Date of Death, 27th February 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Catharine

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ... *Years,* ... *Months,* 3 Weeks *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Bay View Asylum

Duration of Residence in the City of Baltimore, 3 weeks

Place of Death, {Give street and number.} St Vincents Infant Asylum

Cause of Death, First (Primary,) Congenital Syphilis

Second (Immediate,) Debility

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician

Place of Burial, Cathedral Cem.

Date of Burial, Feb. 29th 1876

Undertaker, Sisters

Place of Business, Of Institution

Mahony Brewer M. D.
Medical Attendant.

Address 20 W Biddle St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on Ba...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8365

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPT. FEB 28 1876 BALTIMORE

Date of Death, February 26th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jacob Emanuel Anderson

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, One *Years,* None (9) *Months,* *Days.*

Color, Colored *Sex,* male

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore city

Duration of Residence in the City of Baltimore, from Birth

Place of Death, {Give street and number.} No 44 Vincent court

Cause of Death, {First (Primary,) Pneumonia / Second (Immediate,) Anaemia

Duration of Last Sickness, Two weeks

All the above Information should be furnished by the Physician.

Place of Burial, James Cemetary

Date of Burial, Feb 28th 1876

{*Undertaker,* Hughes & Co / *Place of Business,* 560 Fremont St.

J. W. D. Jordan M. D.
Medical Attendant.

Address 632 Lexington

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8366

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 29 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb. 27

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Herman Ward

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, *Years,* 8 *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 8 Months

Place of Death, {Give street and number.} No — Walsh St

Cause of Death, First (Primary,) Bronchial Catarrh

Second (Immediate,) about 10 days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Frederick Md via B.&O. R.R

Date of Burial, February 29th 1876

Undertaker, Chas. A. Souder

Place of Business, No 5-20 W. Baltimore

F. Perkins, M. D.
Medical Attendant.

Address 148 Mulberry St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

(Transit 370)

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back.

Board of Health, City of Baltimore,

Permit No. 8317.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb. 28th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Christina Schmidt

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, *Years,* 9 *Months,* *Days.*

Color, *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 416 N. Fayette St. Institution.

Cause of Death, First (Primary,)

Second (Immediate,)

Duration of Last Sickness, 7 days of Extreme illness.

All the above information should be furnished by the Physician.

Place of Burial, Loudoun Park Cemetery

Date of Burial, February 29

Undertaker, Wm. H. Limmer & Son

Place of Business, 712 N. Baltimore St. *Address*

I. E. Whitelow M. D.
Medical Attendant.

398 N. Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

FILM

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on bac

Board of Health, City of Baltimore,

Permit No. 8318

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. FEB 29 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 28th Feb 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mrs Mary A. Hooton

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 38 *Years,* *Months,* *Days.*

Color, White, *Sex,* female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Md. Pa

Duration of Residence in the City of Baltimore, 9 years

Place of Death, {Give street and number.} 732 Bell St

Cause of Death, First (Primary,) Phthisis Pulmonalis,

Second (Immediate,)

Duration of Last Sickness, about 18 months

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery J. H. Worthington M. D.

Date of Burial, Feb 29th 76 Medical Attendant.

Undertaker, Thos. C. Hughes

Place of Business, 60 E. Pratt *Address* 234 N. Bond St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

SAFETY

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on ba...

Board of Health, City of Baltimore,

Permit No. 8319

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 29 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 28 - 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Barbara Metzung

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ~~———~~ *Years,* ~~———~~ *Months,* One hour ~~*Days.*~~

Color, ~~———~~ *Sex,* Female

~~*Married, Single,*~~ *Widow or Widower,* {Cross out the words not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City.

Duration of Residence in the City of Baltimore, ~~———~~

Place of Death, {Give street and number.} 208 Mulberry St -

Cause of Death, {First (Primary,) / Second (Immediate,)} Imperfect establishment of Respiration -

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, M. E. Uptown's

Date of Burial, Feb. 29

Undertaker, H. Longman

Place of Business, 95 Eby St

Louis H. Knight M. D.
Medical Attendant.

Address 112 N. Greene St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

KODAK

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on ba...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8370

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 29 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 28th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lydia Cooper

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Six *Years,* *Months,* *Days.*

Color, ed *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} No 28 Short St

Cause of Death, First (Primary,) Scarlatina

Second (Immediate,)

Duration of Last Sickness, Five Days

All the above information should be furnished by the Physician.

Place of Burial, Loyal Circle

Date of Burial, Feb 29th 1876

Whitfield Wines *M. D.*
Medical Attendant.

Undertaker, Wm A. Lynch

Place of Business, 110 Pratt St

Address 116 E. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this.

No.

Board of Health, City of Baltimore,

Permit No. 8371

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

FEB 29 1876 BALTIMORE

Date of Death, Feb. 27th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Thomas Anderson

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, One *Years,* Seven *Months,* *Days.*

Color, W

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth)} Baltimore Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} Shat 21 No 11

Cause of Death, {First (Primary.) / Second (Immediate,)} Scarlet Fever

Duration of Last Sickness, 4 weeks

All the above Information should be furnished by the Physician

Place of Burial, Laurel Cemetery

Date of Burial, Feb 29th

Undertaker,

Place of Business,

E. G. Baldwin M. D.
Medical Attendant.

Address E. G. Baldwin
124 n Exeter st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8372

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 29 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 27th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jno Holling

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 1 *Years,* 9 *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} West Corner S. Pine

Cause of Death, First (Primary,) Scarlatina Mean

Second (Immediate,) Spasm

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, Feby 29th 1876

Undertaker, Julius Koehler

Place of Business, Cor Sharp & Cross. st. *Address* Ho Corner

Dr Buddenbaum *M. D.*

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on ba

Board of Health, City of Baltimore,

Permit No. 8373,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

BOARD OF HEALTH FEB 29 1876 BALTIMORE

Date of Death, February 28th 1876.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents } James Bell

~~*Sex, Male or Female,*~~ { Cross out the word not required in this line. }

Age, 78 *Years,* *Months,* *Days.*

Color, White *Sex,*

~~*Married, Single, Widow*~~ *or Widower,* { Cross out the words not required in this line. }

Occupation, Clerk

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Scotland.

Duration of Residence in the City of Baltimore, 40 Years

Place of Death, { Give street and number. } W Eager Str

Cause of Death, { First (Primary,) } { Second (Immediate,) } Pneumonia

Duration of Last Sickness, Two Weeks

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem

Date of Burial, March 1st 1876

Chas O'Donovan M. D.
Medical Attendant.

{ *Undertaker,* Robertson & Jones
{ *Place of Business,* 92 N Howard St *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8374

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

FEB 29 1876

Date of Death, July 28th 1876

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Bonnett McGowan

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 76 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Cooper

Birthplace, { State or country (and how long in the United States, if of foreign birth. } [redacted] Ireland

Duration of Residence in the City of Baltimore, 36

Place of Death, { Give street and number. } 66 Ridgely

Cause of Death, { First (Primary,) Heart Disease
Second (Immediate,) }

Duration of Last Sickness, Four Months

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, Feb 29 1876

D. A. Gibbons — M. D.
Medical Attendant.

Undertaker, P. Kummert

Place of Business, Mulberry St *Address* 162 W. Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on ba

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8375

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 29 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 28th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Emily Harper Lee

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 2 *Years,* 2 *Months,* *Days.*

Color, white *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ———

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Deer Park Carroll Co Md

Duration of Residence in the City of Baltimore, a few weeks

Place of Death, {Give street and number.} 197 N. Calvert St

Cause of Death, First (Primary,) Scarlet fever

Second (Immediate,) " "

Duration of Last Sickness, Six days

All the above information should be furnished by the Physician.

Place of Burial, Cathedral St

Date of Burial, 29 Feb 1876

Jas. Lloyd Martin M. D.
Medical Attendant.

Undertaker, McDonnell

Place of Business, Frederick

Address 38 Mt Vernon Place

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

THE SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on B...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8376

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 29 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feby 27th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Isaac Thomas

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, — *Years,* 1 *Months,* 1 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 33 Peach alley

Cause of Death, {First (Primary,) Accidentally

{Second (Immediate,) Smothered

Duration of Last Sickness, —

All the above information should be furnished by the Physician

Place of Burial, Laurel Cemetery

Date of Burial, Feb 29th 76

{*Undertaker,* John B Williams

{*Place of Business,* 107 Lee St

R. C. Lee M. D.

~~Medical Attendant.~~ Coroner 3. D.

Address N W cor Hanover & Barre sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8377.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 29 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 28th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Emanuel Jacob Glocker

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, Two *Years,* Seven *Months,* Twenty two *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} W. Baltimore St, No 700

Cause of Death, First (Primary,) Capillary Bronchitis

Second (Immediate.) Apnoea & Prostration

Duration of Last Sickness, Eleven Days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, March 1st 1876

Undertaker, Joseph B. Cook.

Place of Business, 707 W. Baltimore St.

Theodore W. Glocker M. D.
Medical Attendant.

Address Mount Royal Av. near M'Mechan St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8378

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

FEB 29 1876 BALTIMORE

Date of Death, Feb 28th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Infant of Sarah W. Kyles

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.} Female

Age, ~~Years,~~ ~~Months,~~ 1 *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth)} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} Stockton alley

Cause of Death, {First (Primary.)} want of attention

{Second (Immediate,)} Spasms

Duration of Last Sickness, a few hours

All the above information should be furnished by the Physician

Place of Burial, W. Potters Field

Date of Burial, Feb. 29th 1876

Undertaker, M. H. C. Perry

Place of Business, 448 W. Pratt St

M. D.

Address Commiss of Health Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by David Howard colored Friend [OVER.]

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8379

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

FEB 29 1876

Date of Death, Feb 28 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Infant of Michael Steinlang & Barbara Steinlang

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ~~Years,~~ *Months,* 2 hours *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto city

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 329 S. Bond Street

Cause of Death, {First (Primary,) / Second (Immediate,)} Asthenia

Duration of Last Sickness, ~~0~~

All the above information should be furnished by the Physician.

Place of Burial, E. Potters Field

Date of Burial, Feb 29 1876

Undertaker, W. Donovan

Place of Business, 148 S. Central ave

Address Commrs of Health

M. D.

~~Undertaker~~ Registrar.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Michael Steinlang — [OVER.]

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BAC

Board of Health, City of Baltimore,

Permit No. 8380

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 29 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 27th February 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Timothy Geraghty

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 55 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State the country (and how long in the United States, if of foreign birth)} Ireland

Duration of Residence in the City of Baltimore, 20 yrs.

Place of Death, {Give street and number.} 16 Armistead Lane

Cause of Death, {First (Primary) / Second (Immediate,)} Pneumonia

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, March 1st 1876

Undertaker, James O Byrne

Place of Business, N° 63 n Front St

W. H. Webster M. D.
Medical Attendant.

Address 57 Barnet

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8381

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feby 28th 76

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Thomas Mason

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 57 *Years,* *Months,* *Days.*

Color, White

~~Married, Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 28 Years

Place of Death, {Give street and number.} 17 Hillen St

Cause of Death, First (Primary,) Fracture base of Cranium

Second (immediate,) Paralysis

Duration of Last Sickness, 3 Days -

All the above information should be furnished by the Physician

Place of Burial, St Vincents Cemetary

Date of Burial, March 1st 1876

Undertaker, James D Byrne

Place of Business, No 63 N Front

Geo. B. Reynolds M. D.
Medical Attendant.

Address 34 N. Calvert

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of

Board of Health, City of Baltimore,

Permit No. 8382

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 29 1876 BALTIMORE

Date of Death, Feb 28 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ellen Hanlon

Sex, ~~Male~~ / *Female,* {Cross out the word not required in this line.}

Age, 60 *Years,* *Months,* *Days.*

Color, white *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} unmarried

Occupation, Seamstress

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, About 50 years

Place of Death, {Give street and number.} 2nd Stirling St

Cause of Death, First (Primary,) Cholera Morbus

Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral Cemetery Jno. Burke Boyle M. D.

Date of Burial, Feb 29 1876 Medical Attendant.

Undertaker, James O Byrne

Place of Business, No 63 W Fremt St *Address* 166 Glazer st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

THE SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES OF HA...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8383.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, February 26th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Capt. Wm Franks

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 53 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, ~~Mariner~~ Ship Broker

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore. about 25 years

Place of Death, {Give street and number.} Foot of Cross St.

Cause of Death, {First (Primary,) / Second (Immediate,)} Drowned, accidentally

Duration of Last Sickness,

All the above information should be furnished by the Physician

Place of Burial, Balto Cemetery

Date of Burial 2 March 3d /76

{*Undertaker,* Murphy

{*Place of Business,* 324 Broadway

R. C. Lee M. D.
~~Medical Attendant~~ Coroners D.

N. M. Co.

Address Hanover & Baltimore Sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8384

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTRAR'S OFFICE FEB 29 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feby 28th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Daniel Solace

Sex, Male or Female, {Cross out the word not required in this line.}

Age, about 22 *Years,* — *Months,* — *Days.*

Color, Mulato *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, White. Washer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 54 Larew alley

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate,)

Duration of Last Sickness, Six Months

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, Feby 29th 1876

J. Wm Wallis M. D.
Medical Attendant.

Undertaker, Wm J Gray

Place of Business, 65 Mulberry St *Address* No. 18. So. Eutaw.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on bac

Board of Health, City of Baltimore,

Permit No. 8385

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 29 1876 BALTIMORE

Date of Death, May 28. 76

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Joseph Emery

~~*Sex, Male or Female,*~~ { Cross out the word not required in this line. }

Age, 20 *Years,* ——— *Months,* ——— *Days.*

Color, White *Sex,* Male

Married, Single, ~~Widow~~ Widower { Cross out the words not required in this line. }.

Occupation, Waiter

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore Md

Duration of Residence in the City of Baltimore, 20 yrs

Place of Death, { Give street and number. } 49 Exchange St

Cause of Death, { First (Primary,) Phthisis

Second (Immediate,) ———

Duration of Last Sickness, 3 or 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery Chas Eastman M. D.

Date of Burial, Feby 29th 1876 Medical Attendant.

{ *Undertaker,* Wm F Frary

{ *Place of Business,* 65 Mulberry St *Address* Balto

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on ba

Board of Health, City of Baltimore,

Permit No. 8384

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 29 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 28th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Rachel Gray

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, About 25 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 110 North Caroline Street

Cause of Death, First (Primary,) Scrofula

Second (Immediate,) Consumption Phthisis

Duration of Last Sickness, About six month.

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Feb 29th

Milton A. Taylor M. D.
Medical Attendant.

Undertaker, Wm Gray

Place of Business, Broadway *Address* 108 North Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8387

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 29 1876 BALTIMORE

Date of Death, February 27th 76

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Kuhn

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, Sixty Nine *Years,* Four *Months,* — *Days.*

Color, W *Sex,*

Married, ~~Single~~, Widow ~~or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Bavaria Germany Co. 12 years in America

Duration of Residence in the City of Baltimore, Forty four years

Place of Death, {Give street and number.} Eight North Schroder Lt

Cause of Death, First (Primary,) [illegible]

Second (Immediate,) Asthma

Duration of Last Sickness, Five Months

All the above information should be furnished by the Physician.

Place of Burial, H. Hymans Cemetery [illegible] Eighth

Date of Burial, the 1st of March

Undertaker, P. Timmet.

Place of Business, 317 Shelby St *Address*

[illegible] *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8388

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 29 1876 A.M. P.M.

Date of Death, Feby 27th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Harriet A. Brown

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 61 *Years,* — *Months,* — *Days.*

Color, ~~Sex.~~ Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, House Keeper

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Queen Anne's Co Md

Duration of Residence in the City of Baltimore, 40 years

Place of Death, {Give street and number.} 290 ~~St~~ Howard St.

Cause of Death, {First (Primary,) Paralysis (General)

{Second (Immediate,) Debility

Duration of Last Sickness, about 7 years

All the above information should be furnished by the Physician.

Place of Burial, Sharpes Cemetery

Date of Burial, March 1. 76

Undertaker, C W Chase

Place of Business, 165 S Howard St

R. C. Lee M. D.
Medical Attendant.

N. W. Cor

Address Hanover & Barre Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back

Board of Health, City of Baltimore,

Permit No. 8389

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 29 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 28th 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary F. Wiseman.

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 23 *Years,* — *Months,* — *Days.*

Color, *Sex,* Fem.

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto, City.

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 219 William, St.

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate,) 8 months

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, 1 March

Undertaker, C. F. Krause

Place of Business, 209 Hanover St

R. J. H. Tall M. D.
Medical Attendant.

Address 158 S. Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

THE SPECIAL ATTENTION OF PHYSICIANS IS RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8390

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 29 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feby 28th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie Pennyfrey

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 57 *Years,* 1 *Months,* 28 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, House Keeper

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 10 years.

Place of Death, {Give street and number.} 6 Russell St.

Cause of Death, First (Primary,) ? Heart Disease

Second (Immediate,) Sudden

Duration of Last Sickness,

All the above information should be furnished by the Physician

Place of Burial, Loudon Park

Date of Burial, March 1st

Undertaker, Wm. H. Fisher

Place of Business, 16 E. Fayette St.

R. C. Lee M. D.
~~Medical Attendant~~ Coroner's D.
N. W. Co.
Address Hanover & Barre Sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8391

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 29 1876 BALTIMORE

Date of Death, Feb 29 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Eliza A Wm Bauhaus Parents

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} male

Age, ~~Years,~~ *Months,* 2 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.} S

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth)} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 58 Portland St

Cause of Death, {First (Primary.) / Second (Immediate,)} Spasms

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician

Place of Burial, St. Alphonsus

Date of Burial, Feby 1 1876

Undertaker, Conrad Trunkle

Place of Business, 60 Park Ave

M. D.

Address Commiss of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Mary Krah – Midwife [OVER.]

No.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8392

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 29 1976 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 29th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Robert Edmonds Earle

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 2 2 *Years,* 7 *Months,* 2 4 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Child

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Always

Place of Death, {Give street and number.} 329 Caroline St

Cause of Death, First (Primary,) Phthisis

Second (Immediate,) Phthisis

Duration of Last Sickness, Three months

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem. W. J. Maynard M. D.

Date of Burial, March 2nd 1876 Medical Attendant.

Undertaker, Thos. J. Hughes *Address* 117 E. Fayette St

Place of Business, 117 E. Fayette

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back.

Board of Health, City of Baltimore,

Permit No. 8393

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 1 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 29th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Lee Carroll

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Thirty two *Years,* Nine *Months,* *Days.*

Color, White *Sex,* Female

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Two months

Place of Death, {Give street and number.} St James Hotel corner Charles & Centre

Cause of Death, First (Primary,) Abortion

Second (Immediate,) Metro Peritonitis

Duration of Last Sickness, About two week,

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral Cemetery

Date of Burial, 2d March 1876

J. Whitacre M. D.
Medical Attendant.

Undertaker, Hy M. Jenkins & Son

Place of Business, 16 Light St Address 114 Park Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on bac

Board of Health, City of Baltimore,

Permit No. 8394

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 1 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feby 29th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Frank S. Robertson

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 2 *Years,* 5 *Months,* *Days.*

Color, White *Sex,* male

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 21 days

Place of Death, {Give street and number.} 133 N Charles St

Cause of Death, First (Primary,) Diptheria -

Second (Immediate,) Congestion of Lungs -

Duration of Last Sickness, 5 to 6 days

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cemetry

Date of Burial, 1st March 1876

Rossin Backus M. D.
Medical Attendant.

Undertaker, Henry W. Jenkins Son

Place of Business, 16 Light St. — Address 135 N Charles St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on bac

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8995

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 1 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 29th Feby 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Lecce

~~Sex~~, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 5 Years, 3 Months, 14 Days.

Color, White *Sex,* female

~~Married~~, ~~Single~~, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, House Keeper

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore, Half her life

Place of Death, {Give street and number.} 168 Lee St.

Cause of Death, First (Primary,) Typhoid-Pneumonia

Second (Immediate,) Dropsy of Heart-sac.

Duration of Last Sickness, 10 days.

All the above information should be furnished by the Physician.

Place of Burial, Balto. Com.

Date of Burial, March 2nd

Undertaker, W. J. Fakner

Place of Business, 65 S. Eutaw St

I. R. Page M. D.
Medical Attendant.

Address 220 Linden Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back.

Board of Health, City of Baltimore,

Permit No. 8396

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 1 1876 BALTIMORE

Date of Death, February 29th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mrs. Rhean Wood

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, Eighty four *Years,* ——— *Months,* ——— *Days.*

Color, White *Sex,* Female

Married, Single, Widow ~~Widower~~, {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Nichols. Tioga Co. N. Y.

Duration of Residence in the City of Baltimore, Three years

Place of Death, {Give street and number.} N. Calhoun St. 5. Baltimore

Cause of Death, First (Primary,) Old age

Second (Immediate,) Albuminuria

Duration of Last Sickness, Three months

All the above information should be furnished by the Physician.

Place of Burial, Nichols Tioga Co. N.Y.

Date of Burial, First March

Morris Wren M. D.
Medical Attendant.

Undertaker, Thos. H. Linnaldon

Place of Business, 742. N. Calhoun St

Address 249, W. Fayette

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

(Transit 371)

[OVER

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8397.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 1 1876 BALTIMORE.

Date of Death, February 28th 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary L. F. B. Birley.

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 13 *Years,* 2 *Months,* 4 *Days.*

Color, White *Sex,* Female

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, Life.

Place of Death, {Give street and number.} 503 W. Lombard St.

Cause of Death, {First (Primary,) Scarlatina Maligna

Second (Immediate,) Two days.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem.

Date of Burial, March 1

Samuel T. Knight M. D.
Medical Attendant.

{*Undertaker,* J. B. Cook

{*Place of Business,* 707 W. Balto. St. *Address* 112 N. Green St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The SPECIAL ATTE[illegible] of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8398

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 1 1876 BALTIMORE

Date of Death, Feb 29th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Frederick Strattner

Sex, Male ~~or Female~~ {Cross out the word not required in this line.}

Age, 78 *Years,* 8 *Months,* ~~~ *Days.*

Color, white

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Butcher

Birthplace, {State or country (and how long in the United States, if of foreign birth)} Germany 25 years

Duration of Residence in the City of Baltimore, 25 years

Place of Death, {Give street and number.} 35 Eastern Ave

Cause of Death, {First (Primary,) ; Second (Immediate,)} Old age

Duration of Last Sickness, one day

All the above information should be furnished by the Physician

Place of Burial, Balt Cemetery

Date of Burial, March 2 1876

M. D.

Undertaker, Henry Bein

Place of Business, 252 Alice Anne St

Address Commiss of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by John Strattner his Son

[OVER.]

The Special At[illegible] of Physicians is respectfully invited to the remarks below, and to List of Diseases on B[illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8399

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 1 1876 BALTIMORE

Date of Death, Feb. 29.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ida M. Howes

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 7 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 102 Fork St

Cause of Death, {First (Primary,) Congestion of Brain
Second (Immediate,)

Duration of Last Sickness, 38 hours

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery Herbert Cook M. D.

Date of Burial, March 2d 1876 Medical Attendant.

{*Undertaker,* Chas. F. Eberle Address 146 Hanover St
Place of Business, 161 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on ba

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 84.00

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 29 Feb. 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} ~~Dottie~~ Georg Fegeler

Sex, Male or Female, {Cross out the word not required in this line.} Femal

Age, ~~—~~ *Years,* 2 *Months,* 11 *Days.*

Color, *Sex,* Weib.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimor

Duration of Residence in the City of Baltimore, N, Centrall ave. N. 133

Place of Death, {Give street and number.} do

Cause of Death, First (Primary,) Membranous Inflammation

Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimor Cimatry.

Date of Burial, 2nd

Undertaker, F. Schaffer

Place of Business, Orleans St

Dr. Martin Feh M. D.
Medical Attendant.

Address Bond N. E. 25 Sreet

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BAC

Board of Health, City of Baltimore,

Permit No. 8401.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 28th Feb, 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Rosana Glaser

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Years, 18 Months, Days.

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, For life

Place of Death, {Give street and number.} S. E. Cor Hanover & Eutaw

Cause of Death, First (Primary.) Meningitis

Second (Immediate,)

Duration of Last Sickness, 3 weeks,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, March 1st 1876

Undertaker, F. J. Troll

Place of Business, 20 S. Howard St. *Address* 57 Barnet

H. M. Mebster M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of Illegitimate children.

[OVER.]

No.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8402

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 1 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 1st 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Julia Monahan

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 54 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, ~~Single, Widow or Widower~~ {Cross out the words not required in this line.}

Occupation, Washerwoman

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 12 years

Place of Death, {Give street and number.} 34 Morton alley

Cause of Death, First (Primary,) Pneumonia.

Second (Immediate,) Consumption

Duration of Last Sickness, Ten years

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, March 1st 1876

James H Hearn M. D.
Medical Attendant.

Undertaker, C Hartfax

Place of Business, 34 Morton st *Address* 93 Parker

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK

Board of Health, City of Baltimore,

Permit No. 8403

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Baltimore February 29 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizebeth Sawes

Sex, Male or Female, {Cross out the word not required to this line.} Female

Age, Thirty five *Years,* *Months,* *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required to this line.} Married

Occupation, Saunders

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Dorchester Co Maryland

Duration of Residence in the City of Baltimore. Sixteen Years

Place of Death, {Give street and number.} No 244 Howard St

Cause of Death, First (Primary,) Myelitis from Exposure

Second (Immediate,) Cessation Respiratory.

Duration of Last Sickness, Ten Days

All the above information should be furnished by the Physician

Place of Burial, Laurel Cemetery

Date of Burial, March 2 1876

Undertaker, S. [illegible] Chase

Place of Business, 19 N. Gay Street

L. P. Dyer M. D.

Medical Attendant.

Address No 146 Hill St Baltimore Md

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

E T Y ▲ F I L M

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on b...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8404

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb 29/76

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth J Price

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.} Female

Age, 61 *Years,* *Months,* *Days.*

Color, white *Sex,* Female

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Barbadoes

Duration of Residence in the City of Baltimore, 3 mos

Place of Death, {Give street and number.} 662 W. Fayette

Cause of Death, {First (Primary,) Typhoid Pneumonia
Second (Immediate.)

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemetery

Date of Burial, March 2nd 1876

{*Undertaker,* James O Byrne
Place of Business, 1163 W Fayette *Address* 396 W. Fayette

Thomas O'Brien M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

D A K S A F

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on ba

Board of Health, City of Baltimore,

Permit No. 8405

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Febuary 29. 1876.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Daniel E Donelan.

Sex, Male or ~~Female~~, { Cross out the word not required in this line. } Male.

Age, 20 *Years,* 11 *Months,* 14 *Days.*

Color, White *Sex,* Male.

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, { Cross out the words not required in this line. } Single.

Occupation, Bottler.

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore.

Duration of Residence in the City of Baltimore, Life.

Place of Death, { Give street and number. } 23 Stemmers Run

Cause of Death, { First (Primary,) Accident. / Second (Immediate,) Cerebritis.

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, St Vincents Cemetery

Date of Burial, March 2nd 1876

Undertaker, James O Byrne

Place of Business, No 63 N Front St *Address*

R. C. Powell M. D.
Medical Attendant.

72 E. Balt St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BAC

Board of Health, City of Baltimore,

Permit No. 8406

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 1 1876 HEALTH DEPARTMENT BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 1. 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Joseph O. Billinger

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ~~~~~ *Years,* 2 *Months,* ~~8~~ 9 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth} Baltimore, Md.

Duration of Residence in the City of Baltimore, As above

Place of Death, {Give street and number} # 262 E. Chase st

Cause of Death, {First (Primary,) Scarlatina; Second (Immediate,) Eclampsia

Duration of Last Sickness, 2 or 3 minutes

All the above information should be furnished by the Physician

Place of Burial, St. M. Cemetery Geo A. Hartman M. D.

Date of Burial, March 2 1876 Medical Attendant.

Undertaker, Henry Hecht

Place of Business, 1 Central Ave Address # 305 N. Caroline

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on b

Board of Health, City of Baltimore,

Permit No. 8407

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 1 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 29th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Smith

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 10 *Years,* 11 *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Daug. of Pat. Dolan

Occupation, Daug. of Pat. Dolan

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 10 years 11 months

Place of Death, {Give street and number.} St. Anthony's Orphan Asylum

Cause of Death, First (Primary,) Hypertrophy of Heart with Internal Anemia

Second (Immediate,) from days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St. Mary's Cemetery John F. Monmonier M. D.

Medical Attendant.

Date of Burial, Aug. 2 1876

Undertaker, Henry Stouck

Place of Business, 30 Central Ave Address S. W. Cor. Calvert & Read n

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 84118.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 25th 1876

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Alphonsus Bourgeon

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, Eight *Years,* *Months,* *Days.*

Color, Mulatto *Sex,* Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Eight years

Place of Death, { Give street and number. } No. 28 Short St

Cause of Death, First (Primary,) Scarlatina

Second (Immediate,) Uremic convulsions

Duration of Last Sickness, Five days

All the above information should be furnished by the Physician.

Place of Burial, Leonard Town.

Date of Burial, January 27th 1876

Undertaker, William J. Bruce

Place of Business, Jasper East St.

Whitfield Wirsey M. D.
Medical Attendant.

Address 116 E. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BA

Board of Health, City of Baltimore,

Permit No. 8409

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb 29th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named give names of parents.} Infant of Eliza M. Swann

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* one *Days.*

Color, Col'd

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 8 Chapel St

Cause of Death, {First (Primary,) ——— Second (Immediate,) Asthenia

Duration of Last Sickness,

All the above information should be furnished by the Physician

Place of Burial, Laurel Cemetery

Date of Burial, March 1st 1876

Undertaker, W. R. Dunyan

Place of Business, East St *Address* Dennis Post Bennett & Eugene

M. D.

Robert A. Hendrickson

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Harriet Burton Midwife

[OVER.]

No.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back.

Board of Health, City of Baltimore,

Permit No. 5410

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 2 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 1st 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Ann Campbell

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 4 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, during life

Place of Death, {Give street and number.} No 12 Penn Ave

Cause of Death, First (Primary,) Scarlet Fever

Second (Immediate,)

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, St Peters C.

Date of Burial, March 2 1876

D. T. Hoffman M. D.

Medical Attendant.

Undertaker, J. B. Blackistons Son

Place of Business, 606 Balt st Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on ba

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8111

The Physician who attended any person in a last Illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 2 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 29th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Magdalena Faut

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, Fifty 5 *Years,* *Months,* *Days.*

Color, White *Sex,*

~~*Married,*~~ ~~*Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.}

Occupation, House Keeper

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, Since 1867

Place of Death, {Give street and number.} 263 Broadway, Corner of Chew Alley

Cause of Death, First (Primary,) Second cold.

Second (Immediate,) Pleuro-pneumonia

Duration of Last Sickness, About two weeks.

All the above information should be furnished by the Physician.

Place of Burial, Mathew Burying Ground

Date of Burial, March 2nd

Undertaker, Geo. E. Kessler

Place of Business, 399 E. Eager St.

Milton A. Taylor M. D.
Medical Attendant.

Address 1 West St. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of Illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back o...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8412

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 2 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 1st of March 76

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Alice L Cohn

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 5 *Years,* 6 *Months,* 8 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 6 N Stricker St.

Cause of Death, First (Primary,) Croup.

Second (Immediate,)

Duration of Last Sickness, under my treatment 18 hours

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetary

Date of Burial, March 2nd 1876

Undertaker, Hughes & Co

Place of Business, 880 Fayette St

L. McHenman M. D.
Medical Attendant.

Address 120 Saratoga.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BA

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8413

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 2 1876 BALTIMORE

Date of Death, March 1st 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Neary

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 6 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt. Md.

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 80 Patterson Square Ave.

Cause of Death, First (Primary,) Not known.

Second (Immediate,) Exhaustion

Duration of Last Sickness, Since Birth

All the above information should be furnished by the Physician

Place of Burial, St. Patrick's Cem'y

Date of Burial, March 2 '1876

Undertaker, S. Schneider

Place of Business, Wolf St

H. Granville Peck M. D.
Medical Attendant.

Address Balto Mark. Co.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on ba

Board of Health, City of Baltimore.

Permit No. 8414

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 2 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 9 February 29th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Alexander Clay

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, Fifty Three *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Ship Carpenter

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Alexandria Virginia

Duration of Residence in the City of Baltimore, Thirty Six years

Place of Death, {Give street and number.} 37 E. Hill St.

Cause of Death, First (Primary,) Dropsy

Second (Immediate.)

Duration of Last Sickness, Ten Weeks

All the above information ought to be furnished by the Physician.

Place of Burial, Balto. City

Date of Burial, Mar. 2d 1876

Nicholas L. Quick M. D.
Medical Attendant.

Undertaker, W. A. Daiger

Place of Business, 194 W. Bay Address 217 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8415.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 2 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 1st

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Stella Solomon

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Years, 11 Months, Days.

Color, White *Sex,* Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } 605 N. Bond St.

Cause of Death, { First (Primary,) Meningitis

Second (Immediate,)

Duration of Last Sickness, 2 weeks

All the above Information should be furnished by the Physician.

Place of Burial, Loudon Park Cem. H. A. Shaw **M. D.**

Date of Burial, March 3d 76 Medical Attendant.

Undertaker, L. Cook *Address* 37 to Canton Av.

Place of Business, Balto. & Pelham Sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8416

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 2 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 1st

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles Milton Greaver

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ——— *Years,* 16 *Months,* 1 *Days.*

Color, white *Sex,* male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Milton, Richmond County Va

Duration of Residence in the City of Baltimore, 11 months

Place of Death, {Give street and number.} No. 367 N. Durham St.

Cause of Death, First (Primary,) Scarlet Fever

Second (Immediate,) Convulsions

Duration of Last Sickness, 36 Hours

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery. Chas J Kreuter M. D.

Medical Attendant.

Date of Burial, March 3rd, 1876

Undertaker, Wm H Hickman

Place of Business, 2340 Gay St. Address 222 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish hin forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate ing forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person ased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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The Special Attention of

Permit No. 8

The Physician who
out, to the undertaker or
sooner, if requested so to

NO PE

Date of Death,

Full Name of Decease

Sex, ~~Male~~ or *Female,*

Age,

Color,

Married, Single, Widow

Occupation,

Birthplace, {State or countr long in the Unit of foreign birth.

Duration of Residence

Place of Death, {Give stre numb

Cause of Death, {First

{Secon

Duration of Last Sick

All the above informatio

Place of Burial, M

Date of Burial,

{*Undertaker,*

{*Place of Business,*

Extract from

SECTION 2. And it be
of the Physician who atte
within forty-eight hours
setting forth, as far as the
deceased, and the cause and

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8417

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 2 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 12th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Emma Russell

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Years, 5 Months, 05 Days.

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 5 mos. 15 days

Place of Death, {Give street and number.} 101 Rinn St

Cause of Death, {First (Primary,) (Croup Delicate)

{Second (Immediate.) Confluentary Croup

Duration of Last Sickness, One days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery Dr. A. Gilles M. D.

Date of Burial, the 2d of March Medical Attendant.

{*Undertaker,* P. Rüngert.

{*Place of Business,* 311 Mulberry St. *Address* 23 E Greene St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on ba...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8418.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 22 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 21. 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Letha, Estelle, Wood

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.} Female

Age, ... *Years,* 6 *Months,* ... *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 48 McHenry, St

Cause of Death, First (Primary,) Chronic Pneumonia

Second (Immediate,) 7 Weeks

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, ~~Feb~~ March 23rd/76

Undertaker, ~~Robert~~ Kenney

Place of Business, Montgomery & Eighth Sts *Address*

H. B. Noble M. D.
Medical Attendant.

17 Warren Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8419

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 2 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 2nd 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ella. Middleton

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 3 *Years,* 7 *Months,* *Days.*

Color, Colored *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 210 Chestnut St Balto

Duration of Residence in the City of Baltimore, 3 years and 7 months

Place of Death, {Give street and number.} 210 Hanover St Balto

Cause of Death, First (Primary,) Pulmonary Tuberculosis

Second (Immediate,) Meningitis

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 2

{*Undertaker,* Wm Cook

{*Place of Business,* 704 West Baltimore *Address* 210 Hanover St

E. A. Gelien *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8429

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 2 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 1st 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Eugene Heyward

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, —— *Years,* 4 *Months,* —— *Days.*

Color, White *Sex,* ——

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ——

Occupation, ——

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, during life

Place of Death, {Give street and number.} St Clair Hotel

Cause of Death, First (Primary,) Complication of ailments

Second (Immediate,) Infantile Convulsions

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, March 2d 1876.

Jos. Lloyd Martin M. D.
Medical Attendant.

Undertaker, H. G. Jenkins & Son *Address* 38 Mt Vernon Place

Place of Business, 16 Light

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8421

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 2 1876 BALTIMORE

Date of Death, 28 February 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ida Johnson 7

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 25 *Years,* *Months,* *Days.*

Color, colored 7

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Servant

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Eastern Shore Virginia

Duration of Residence in the City of Baltimore. one year

Place of Death, {Give street and number.} 5 Ten foot alley. near Eden

Cause of Death, {First (Primary.) pneumonia

{Second (Immediate,)

Duration of Last Sickness, 15 days -

All the above information should be furnished by the Physician.

Place of Burial, [redacted] Henri F Tolosa M. D.

Date of Burial, March 2nd 187[redacted] Medical Attendant.

Undertaker, John W. Locks

Place of Business, 57 South Wolf St Address corner Augusta & Fayette

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. ....

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of t...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8422

The Physician who attended any person in a last Illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 2 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 2d March 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} matilda

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Years supposed 1 Months, Days.

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth} ~~St Vincents Infant Asylum~~ Foundl...

Duration of Residence in the City of Baltimore, 10 days

Place of Death, {Give street and number.} St Vincents Infant Asylum

Cause of Death, {First (Primary,) atrophy when received

Second (Immediate,)

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician

Place of Burial, Cathedral Cem. *Date of Burial,* Mch 2 1876 Medical Attendant Mabury Brewer M. D.

Undertaker, Samuel Bozer Address 201 W Biddle St.

Place of Business, St Vincents Infant Asylum

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. ....

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8423.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 2 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 1. 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Francis

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Years, 1 Months, Days.

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Illegitimate

Duration of Residence in the City of Baltimore, 1 mo's

Place of Death, {Give street and number.} St Vincents Infant Asylum

Cause of Death, First (Primary.) Congestion of Brain

Second (Immediate,) Convulsions

Duration of Last Sickness, 24 hours

All the above information should be furnished by the Physician

Place of Burial, Cathedral Cemetery

Date of Burial, March 2nd 1876 Mahlon Brown M. D. Medical Attendant.

Undertaker, Samuel Boyer

Place of Business, St. Vincents Infant Asylum Address 201 W. Biddle St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on ba

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8424

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 2 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 1st 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Bessie Baumfeld

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 3 *Years,* 2 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ———

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and number.} 65 Park Ave

Cause of Death, First (Primary,) Diphtheria

Second (Immediate,) Colliquative Diarrhea

Duration of Last Sickness, 12 days.

All the above information should be furnished by the Physician.

Place of Burial, Bells Cemetery

Date of Burial, March 3 1876

Undertaker, McCaul Bros

Place of Business, Park & Near Mulberry

J. H. Smith M. D.

Medical Attendant.

Address 108 S. Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back.

Board of Health, City of Baltimore,

Permit No. 8425

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 2 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death,	March 1st 1876
Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.}	Margaret A. Davis
Sex, Male or Female, {Cross out the word not required in this line.}	Female
Age,	46 *Years,* — *Months,* — *Days.*
Color,	~~Sex,~~ White
Married, Single, Widow or Widower, {Cross out the words not required in this line.}	Married.
Occupation,	House Keeper
Birthplace, {State or country (and how long in the United States, if of foreign birth.}	Maryland
Duration of Residence in the City of Baltimore,	18 years
Place of Death, {Give street and number.}	145 Richmond Av.
Cause of Death, {First (Primary,) / Second (Immediate,)}	Consumption. 2 years
Duration of Last Sickness,	

All the above information should be furnished by the Physician.

Place of Burial,	Balto Cemetery
Date of Burial,	March 3d 1876
Undertaker,	Charles F. Herold
Place of Business,	161 Hanover St

R. C. Lee M. D.
Medical Attendant.

N. W. cor
Address Hanover & Barre St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on bac

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8426

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 2 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 2nd 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Marx Manly Hart

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 68 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, Wood Engraver

Birthplace, {State or country (and how long in the United States, if of foreign birth.} England

Duration of Residence in the City of Baltimore, 26 years

Place of Death, {Give street and number.} 22 N Strieker St

Cause of Death, First (Primary,) Pneumonia

Second (Immediate,) "

Duration of Last Sickness, 12 days

All the above information should be furnished by the Physician.

Place of Burial, Balto. Cemetery Wm. Reynolds *M. D.*

Date of Burial, 3d March 76. Medical Attendant.

Undertaker, H W Jenkins & Son *Address* 17 N Calhoun St

Place of Business, 16 Light St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on ba

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8427

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 2 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 1st 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Hayes

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 70 *Years,* *Months,* *Days.*

Color, White *Sex,*

~~Married~~, ~~Single~~, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 10 years

Place of Death, {Give street and number.} Harford ave

Cause of Death, {First (Primary,) Gen'l debility

{Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, March 3rd 1876

{*Undertaker,* James D Byrne

{*Place of Business,* No 63 N Front St *Address*

O S Nelson *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8428

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 2nd 1876

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Elizabeth Mikins

Sex, ~~Male or~~ *Female,* { Cross out the word not required in this line. } Female

Age, 62 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, ~~*Single,*~~ *Widow or* ~~*Widower,*~~ { Cross out the words not required in this line. } Widow

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Havre de Grace Md

Duration of Residence in the City of Baltimore, 60 yrs.

Place of Death, { Give street and number. } 122 N Bond

Cause of Death, { First (Primary,) Pneumonia / Second (Immediate,) }

Duration of Last Sickness, 17 days.

All the above information should be furnished by the Physician.

Place of Burial, Old Cath

Date of Burial, March 3rd 1876

Undertaker, Thos D Hughes

Place of Business, 611 E Balto

P. F. Kennon M. D.
Medical Attendant.

Address Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on ba[illegible]

Board of Health, City of Baltimore,

Permit No. 8429

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 2 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 2nd 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mrs Susan McKim

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 96 *Years,* — *Months,* — *Days.*

Color, White *Sex,* female

~~*Married, Single,*~~ *Widow or* ~~*Widower,*~~ {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Caroline Co. Md

Duration of Residence in the City of Baltimore, Seventy years —

Place of Death, {Give street and number.} 120 Park Street

Cause of Death, First (Primary,) Bronchitis

Second (Immediate,) Apnoea

Duration of Last Sickness, Ten days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, March 4th 1876 W. R. Smith M. D.

Medical Attendant.

Undertaker, Roth Cannon & Sons

Place of Business, 92 Hanover St. *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on ba

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8430

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 3 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 2d 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sarah B. Lyman

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 36 *Years,* *Months,* *Days.*

Color, *Sex,*

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Seamstress

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Calvert Co Md

Duration of Residence in the City of Baltimore, 10 years—

Place of Death, {Give street and number.} 63 Whitehall St

Cause of Death, First (Primary,) Cancer of Uterus

Second (Immediate,)

Duration of Last Sickness, One year—

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, March 3d 1876

A Tinsley M. D.
Medical Attendant.

Undertaker, J D Balzon

Place of Business, 262 Penn ave Address 454 N. Carey St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No.

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8431

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 3 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Teckla Zeller

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, [illegible] *Years,* [illegible] *Months,* [illegible] *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Prince in Bohemia

Duration of Residence in the City of Baltimore, 2 Years

Place of Death, {Give street and number.} [illegible] 205

Cause of Death, First (Primary,) Inflamation of the lungs

Second (Immediate,)

Duration of Last Sickness, 8 Days

All the above information should be furnished by the Physician

Place of Burial, [illegible] Cemetery

Date of Burial, March 3rd 1876

Undertaker, Parents

Place of Business,

M. D.

~~Undertaker~~

Address Commiss. of Health

[illegible] Gaylor

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Father Eloyse (Parish Priest)

[OVER.]

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK o

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 84132

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 3 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Mch 2d 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Fred Elwood

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ____ *Years,* 19 *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word is not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 6 Ridgley Pl

Cause of Death, {First (Primary,) Scarlet Fever with

{Second (Immediate,) Dittheria

Duration of Last Sickness, 11 days

All the above information should be furnished by the Physician.

Place of Burial, Balto Cem.

Date of Burial, March 3rd

Undertaker, Wm. J. Tickner

Place of Business, 65 S. Eutaw st

A. H. Cuney M. D.
Medical Attendant.

Address 762 Bond st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. [illegible]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of th[illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8433

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 3 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 1st 10. A. M.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Hannah Bell Denny

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, *Years,* 11 *Months,* 14 *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 361 E. Eager st

Duration of Residence in the City of Baltimore, since born

Place of Death, {Give street and number.} 251 E. Chase

Cause of Death, First (Primary,) Chronic Diarrhoea of the Bowels

Second (Immediate,)

Duration of Last Sickness, 2 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Mt. Catherals,

Date of Burial, March 3/3 Oclock

Undertaker, George C Pentz Sayer

Place of Business, 38 Eager St.

Address 27 N. Broadway

P. L. Dausch M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on ba[illegible]

Board of Health, City of Baltimore,

Permit No. 8437

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 3 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 2d 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Maria Thornton

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 70 *Years,* *Months,* *Days.*

Color, Colored *Sex,* Female

Married, Single, Widow ~~or Widower~~, {Cross out the words not required in this line.} Widow

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, Nine years

Place of Death, {Give street and number.} 168 Vine St Baltimore

Cause of Death, First (Primary,) Phthisis

Second (Immediate,)

Duration of Last Sickness, Three months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 4th 1876

Thomas Shie M. D.
Medical Attendant.

Undertaker, [illegible]

Place of Business, No 63 Park St *Address* 396 N. Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No.

Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back.

Board of Health, City of Baltimore,

Permit No. 8435

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled* to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 3 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 1, 1876

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents } Peter Syat

Male or Female, { Cross on the word not required in this line. }

Age, 28 *Years,* ——— *Months,* ——— *Days.*

Color, Brown *Sex,* Male

Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Labourer

Birthplace, West River Maryland

Residence of Baltimore, eight years

Place of Death, No 952 Hughes St

First (Primary,)

Second (Immediate,)

Duration of Last Sickness, Pneumonia

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 3 1876

Undertaker, John T Jordon

Place of Business, 63 Park Ave.

J T Shelly M. D.
Medical Attendant.

Address No 260 S. Eutaw St City

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8436

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 3 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 2d. 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Emma. R Hardside

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 21 *Years,* — *Months,* — *Days.*

Color, White *Sex,* female

~~*Married*~~, *Single,* ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 21 years

Place of Death, {Give street and number.} No 36 Conway St Baltimore

Cause of Death, First (Primary,) Bright's Disease of Kidney

Second (Immediate,) Uraemia

Duration of Last Sickness, Three or four days.

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cemetery Ruffin Buckler M. D.

Medical Attendant.

Date of Burial, 6th March 1876.

Undertaker, Hy W. Jenkins & Son *Address* 135 N Charles St

Place of Business, 16 Light St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8437

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 3 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 27.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elease Nichels

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ... *Years,* 7 weeks *Months,* ..... *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland Hosp

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number.} Protestant Inf" Asylumn

Cause of Death, {First (Primary,) ~~Malnutrition~~ Malnutrition
Second (Immediate,)

Duration of Last Sickness, life

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet-

Date of Burial, ~~Feb 29.~~ March 3

Undertaker, G W Blizzard

Place of Business, 187 Eastern Av

Wm. B Latimer M. D.
Medical Attendant.

Address 248 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of Illegitimate children.

[OVER.]

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8438

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 3 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 28

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Willie Harris

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, *Years,* 1 *Months,* 8 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland Host

Duration of Residence in the City of Baltimore. Life

Place of Death, {Give street and number.} Protestant In" Asylum

Cause of Death, {First (Primary,) Second (Immediate,)} Malnutrition

Duration of Last Sickness, life

All the above information should be furnished by the Physician

Place of Burial, Mount Olivet

Date of Burial, Feb 29 March 3

Thos. S. Latimer M. D.
Medical Attendant.

Undertaker, C. H. Blizzard

Place of Business, 187 Lanvale st Address 248 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

T Y ▲ F I L M ■

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on ba

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8439

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 3 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 3 March 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ema Gaede

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, 1. *Years,* 1. *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, (Father) Baker

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} Granby's Alley

Cause of Death, First (Primary,) Hydrocephalus

Second (Immediate.)

Duration of Last Sickness, 14 days

All the above information should be furnished by the Physician.

Place of Burial, St Mathews Cimetary

Date of Burial, March 5th

Robt M. Pattie M. D.
Medical Attendant.

Undertaker, Henry Beine

Place of Business, No 252. Aisana St Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

A K S·A F E T

No.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8 4 4 5 0

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 3 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 2 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Andreas Mentis

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 1 *Years,* *Months,* 1 *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Cor. Eager & N. Centh. Avenue

Cause of Death, First (Primary,) Pneumonia

Second (Immediate,) Convulsions

Duration of Last Sickness, four weeks

All the above information should be furnished by the Physician.

Place of Burial, St Mathews Cem

Date of Burial, March 3 1876

Horace B Hurd M.D.
Medical Attendant.

Undertaker, Henry Heath

Place of Business, 69 Eutaw Ave *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

K O D

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on bac

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8141

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 3 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 1. 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mrs. Pauline Ould,

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 81 *Years,* 10 *Months,* *Days.*

Color, White *Sex,* Female

Married, ~~Single,~~ *Widow* ~~or Widower,~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Montgomery Co. Md

Duration of Residence in the City of Baltimore, 21 yrs.

Place of Death, {Give street and number.} 252 Lawale St

Cause of Death, First (Primary,) Old age

Second (Immediate,)

Duration of Last Sickness, 18 mos.

All the above information should be furnished by the Physician.

Place of Burial, ~~Mount Auburn Cemetery~~ Oak Hill Cemetery Ellicott City Md

Date of Burial, March 24 to 3 1876

Undertaker, C. H. Blizzard

Place of Business, 187 Lawale Street

J. F. Ingle M. D.
Medical Attendant.

Address 247 Lawale st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

(Transit 375)

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8442

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 3 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 2nd 76

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Molly Mahy [illegible] Eccleston

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, *Years,* One *Months,* *Days.*

Color, White *Sex,* Female

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City.

Duration of Residence in the City of Baltimore, Since birth

~~Place~~ of Death, {Give street and number.} 225 Fourth Ave

Cause of Death, First (Primary,) Not Known to me

Second (Immediate.) Convulsions

Duration of Last Sickness, Not 24 hours

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, March 4th 1876

Undertaker, Wm Fry

Place of Business, Broadway Address

Wm Hunt Taylor M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No.

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8424

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 3 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 3rd 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named give names of parents.} Mary Jane Taylor

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line,}

Age, 7 *Years,* ——— *Months,* ——— *Days.*

Color, Cold

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 38 Lewis Street

Cause of Death, First (Primary.) ——— Second (Immediate,) Scarlatina

Duration of Last Sickness, 11 days.

All the above information should be furnished by the Physician

Place of Burial, Laurel Cemetery

Date of Burial, March 4 1876

M. D.

~~Medical Attendant~~

Undertaker, John H. Locke

Place of Business, Wolf St Address Commissioners of Health to Registrator

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Wm H. Taylor father [OVER.]

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BA[illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 84464

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if required so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 3 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 2nd 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary E Pardoe

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, ____ *Years,* 19 *Months,* 9 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ____

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto city

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number.} 193 Scott st

Cause of Death, First (Primary,) Scarlet Fever

Second (Immediate,) Diphtheria

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician

Place of Burial, Mount Olivet

Date of Burial, March 4 1876

Undertaker, Wm Lester

Place of Business, ____

J. H. Luney *M. D.*
Medical Attendant.

Address 76 Hanover st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 8445

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

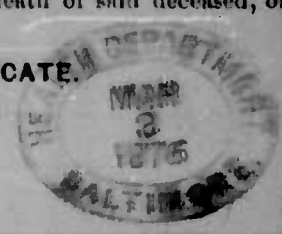
Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8445

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, March 2d. 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Captain Enoch Burnham

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 84 *Years,* — *Months,* — *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Retired

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Massachusetts

Duration of Residence in the City of Baltimore, 53 Years.

Place of Death, {Give street and number.} 356 East Baltimore Street

Cause of Death, First (Primary,) Cold — From age & debility

Second (Immediate,) General Congestion — & never Reacted.

Duration of Last Sickness, 5 days.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, March 4th 1876

Undertaker, R. & J. Berard

Place of Business, 281 E Baltimore St *Address*

J. J. Cockrill M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 5116

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8446

The Physician who attended any person in a last Illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 5 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Mch 2d 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Saml. E Boon

~~*Sex,*~~ *Male* ~~*or Female,*~~ {Cross out the word not required in this line.}

Age, 1 *Years,* 5 *Months,* 0 *Days.*

Color, Blk *Sex,*

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} md

Duration of Residence in the City of Baltimore, 1 yr 5 m

Place of Death, {Give street and number.} No 65 Jordan alley

Cause of Death, First (Primary,) meningitis

Second (Immediate,)

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 3 1876

Undertaker, Wm Jas Gray

Place of Business, 1065 Mulberry St

G. L. Tanyhill **M. D.**
Medical Attendant.

Address 129 N Bradle

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 3 4 1 1 /

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 84447

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 3 1876 BALTIMORE

Date of Death, March 2nd 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Daniel Patrick Fitzgerald

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 11 *Years,* 9 *Months,* *Days.*

Color, White

~~Married, Single, Widow or Widower,~~ {Cross out the words not required in this line}

~~Occupation~~,

Birthplace, {State or country (and how long in the United States, if of foreign birth)} S. Fenwick St

Duration of Residence in the City of Baltimore. Life

Place of Death, {Give street and number} 99 N. Gay St

Cause of Death, {First (Primary,) Pneumonia / Second (Immediate,) Exhaustion}

Duration of Last Sickness, 3 Weeks

All the above information should be furnished by the Physician

Place of Burial, Holy Cross Cemetery

Date of Burial, March 5 /76

{*Undertaker,* / *Place of Business,* 842 Broadway}

Geo. N. Benson M. D.
Medical Attendant.

Address 164 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of Illegitimate children.

[OVER.]

No. 3 [illegible]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8 4 / 4 8

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 3 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 2nd 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Susan Francis

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 57 *Years,* — *Months,* 20 *Days.*

Color, White *Sex,* Female

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, during life

Place of Death, {Give street and number.} no 34 Spring row

Cause of Death, First (Primary,) Cancer of rectum

Second (Immediate,) dropsy

Duration of Last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, March 3 / 76

E J May M. D.
Medical Attendant.

{*Undertaker,* Angney
{*Place of Business,* 5th Broadway *Address* N° 19 S Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 3119

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT MAR 3 1876 BALTIMORE

Permit No. 84149

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 1st.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Thomas Gallagher

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, *Years,* 71 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widower

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth)} Ireland

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 1 Hill Street

Cause of Death, {First (Primary,) Second (Immediate,)} Pneumonia

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician

Place of Burial, St. Stephens Cem

Date of Burial, Sat. March 4th 76 M.

Undertaker, John Bracco *Address*

Place of Business, 775 Hollins

M. D.

Medical Attendant

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 8[illegible]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8450

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 4 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 3rd

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Henry Freitag

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, 1 *Years,* — *Months,* 24 *Days.*

Color, White *Sex,* Male

Married, Single, ~~Widow or Widower~~, { Cross out the words not required in this line. }

Occupation, Laborer

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, { Give street and number. } 747 Light St

Cause of Death, { First (Primary,) / Second (Immediate,) } Pneumonia

Duration of Last Sickness, 9 days

All the above information should be furnished by the Physician.

Place of Burial, St Pauls Highland Mary cemetery

Date of Burial, March 5 1876

Theodore Dodd M. D.
Medical Attendant.

Undertaker, Charles F. Herold

Place of Business, 161 Hanover St. *Address* 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 5451

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8457

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 4 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 2nd 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Agnes Butler

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, 3 Years, // Months, Days.

Color, white *Sex,* female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore city

Duration of Residence in the City of Baltimore, since born

Place of Death, {Give street and number.} N. W. Cor. Pratt & Hugh's

Cause of Death, First (Primary,) Malignant Diptheritis

Second (Immediate.) paralysis of heart

Duration of Last Sickness, 12 days.

All the above information should be furnished by the Physician.

Place of Burial, Holy cross Cemetery

Date of Burial, March 4th 1876

Undertaker, James N Byrne

Place of Business, No 63 N Front St

Pierce E. Dausch M. D.
Medical Attendant.

Address 27 N. Broadway.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8452

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 4 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 3rd 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sarah E. R. Schumacher

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.} ——— *Days.*

Age, 2 *Years,* 9 *Months,*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto city

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number.} S W cor Ramsay & Stapleton

Cause of Death, {First (Primary,) Diphtheria / Second (Immediate,)}

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician

Place of Burial, Westminster Cemetary

Date of Burial, Sunday March 5. 1876

Undertaker, J. Fruacher

Place of Business, Camden Plaza Stores *Address* 76 S Paca St

A. Kenny *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8453,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 4 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 2nd 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles Edward Bickley

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* *Months,* 7 *Days.*

Color, *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} No 2 S. Oregon St

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No. 2 S. Oregon St

Cause of Death, {First (Primary,) Catarrh fever

Second (Immediate,) 5 days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western C.

Date of Burial, March 5 1876

Undertaker, J. B. Blackistone & Son

Place of Business, 606 Bath St

F. F. Benson M. D.
Medical Attendant.

Address 18 Hollins St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 5454

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 84574

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 4 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Mch 3rd 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Chas Edwin Thomas

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, 3 *Years,* 2 *Months,* 8 *Days.*

Color, White *Sex,* Male

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 304 E. Lo Eutaw.

Cause of Death, {First (Primary,) Curvature of Spine.

{Second (Immediate,) Pulmonary Abscess

Duration of Last Sickness, 8 weeks

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemet.

Date of Burial, Mch 5th 1876

{*Undertaker,* Wm. Fry.

{*Place of Business,* No 321 N Broadway

Geo. S Kimmon M. D.
Medical Attendant.

Address 73 E Batt St Balto.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

8455

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8455

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 4 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 3rd 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary DeHudson

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, Twenty-four *Years,* *Months,* *Days.*

Color, Black *Sex,* Female

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, House Keeper

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Fredericksburg Va

Duration of Residence in the City of Baltimore, About four years

Place of Death, {Give street and number.} No 7 Bonner Alley

Cause of Death, First (Primary,) Parturition

Second (Immediate,) Septicaemia

Duration of Last Sickness, Twelve days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 5 1876

Undertaker, John G Gordon

Place of Business, 1263 Park Ave

D. L. Rhein M. D.
Medical Attendant.

Address 89 Mulberry St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 8456

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8456

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 1 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, ~~March~~ 3rd. 1876.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents } Thomas Barrow

~~Sex~~, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, Sixty Four *Years,* — *Months,* — *Days.*

Color, White *Sex,* Male

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the words not required in this line }

Occupation, Preacher

Birthplace, { State or country (and how long in the United States, if of foreign birth. } England

Duration of Residence in the City of Baltimore, Unknown

Place of Death, { Give street and number. } 229 Balto St.

Cause of Death, { First (Primary,) Cerebritis. / Second (Immediate,) Unknown.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cem. J. Caldwell Ireland M. D.

Date of Burial, Sunday May 7, 2 P.M. Medical Attendant.

Undertaker, Reed Hall

Place of Business, 233 E. Balto St. *Address* 178 Aisquith St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be farther enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8457

The Physician who attended ~~any~~ person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 4 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 3rd 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John P. M. Carey

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} ——— *Years,* ——— *Months,* 3 *Days.*

Age, ———

Color, white

Married, Single, Widow or Widower, {Cross out the wor ls not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 4 Henry St

Cause of Death, {First (Primary,) Infantile Convulsions
Second (Immediate,) A few hours

Duration of Last Sickness,

All the above information should be furnished by the Physician

Place of Burial, Holy Cross Cemetery

Date of Burial, March 4 1876

Undertaker, Arnett & Denny *Address* Commiss of Health & Registrar

Place of Business, Light St

M. D.

~~Medical Attendant~~

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER]

Information by Michael Carey Father

No. 5115

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 84581

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 4 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Thursday March 2d. 10½ P.M.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Cecelia Margaret Taylor

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, 37 *Years,* 3 *Months,* *Days.*

Color, White *Sex,* Female

Married, ~~Single,~~ ~~Widow or Widower,~~ {Cross out the words not required in this line.} Married

Occupation, ——

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, 37 years

Place of Death, {Give street and number.} 368 N. Lexington St

Cause of Death, {First (Primary,) Phthisis Pul.
Second (Immediate,)

Duration of Last Sickness, 3 years

All the above information should be furnished by the Physician.

Place of Burial, Green Mt. D. C. Benzinger M. D.
Medical Attendant.

Date of Burial, Saturday Mch 4th/76

{*Undertaker,* J. Lodge Jr. *Address* 176 N Arlington Ave
{*Place of Business,* 44 Bank St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 5439

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8459

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 4 1976 BALTI

CERTIFICATE OF DEATH.

Date of Death, 3rd March 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mrs Elizabeth Woodyear

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 83 *Years,* 2 *Months,* 20 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation, No.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Yorkshire, England

Duration of Residence in the City of Baltimore, about 80 years

Place of Death, {Give street and number.} Eutaw House

Cause of Death, {First (Primary,) Pneumonia / Second (Immediate,) "

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem. J. Donaldson M. D.

Date of Burial, March 6th 76. Medical Attendant.

Undertaker, Henry W. Jenkins & Son *Address* 108 Park ave

Place of Business, N Light st. Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 7 (8466

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8460

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 4 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 2d 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Gottlieb Schauseil

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 50 *Years,* 10 *Months,* 11 *Days.*

Color, White *Sex,* Male

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Cigar Manufacturer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Düsseldorf Germany

Duration of Residence in the City of Baltimore, about 24 years

Place of Death, {Give street and number.} 80 S. Eutaw St

Cause of Death, {First (Primary,) Apoplexy / Second (Immediate,)

Duration of Last Sickness, One day

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, March 5th 76.

{*Undertaker,* F. A. Foll / *Place of Business,* 90 S Howard St

Thos. J. Owens M. D.
Medical Attendant.

N. McKinnon M.D.
Address 23 S. Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 3401

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8461

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 4 1876 BALTIMORE

Date of Death, March 3d 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Azlo Richardson

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 1 yr 3 mo *Years,* 3 mo *Months,* 16 *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto city

Duration of Residence in the City of Baltimore, 1 yr 3 mo 16 dy

Place of Death, {Give street and number.} Balto city — 132 N. Gay St

Cause of Death, {First (Primary,) / Second (Immediate,)} Croup / 2 days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery — Rich Sappington M. D.

Date of Burial, 5 March

Undertaker, W H Hickman

Place of Business, 234 N Gay St — *Address*

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 8462

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8462

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 4 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 3rd 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Cathrine Kilbride

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 3 *Years,* Six *Months,* *Days.*

Color, Fair. *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, all her life

Place of Death, {Give street and number.} 74 Lewis St

Cause of Death, First (Primary,) Convulsions

Second (Immediate,) Convulsions

Duration of Last Sickness, Five days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, Feb 5th 1876

E. M. Gordon M. D.

Medical Attendant.

Undertaker, H. Hofmann

Place of Business, 23 N. Eutaw St

Address 166 Fayette ave St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

No. 5 1163

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 8463 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 4 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 3 76

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Joseph Shanahan

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 5 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} S Conway St

Cause of Death, First (Primary,) Scarlatina Anginosa

Second (Immediate,) Convulsions (Uraemia)

Duration of Last Sickness, 9 days

All the above information should be furnished by the Physician.

Place of Burial, H Fells Cemetery J H Parker M. D.

Date of Burial, March 5 Medical Attendant.

Undertaker, S B Cook

Place of Business, 707 W Pratt Address 243 E Eighth

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 5116

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8464

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 4 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Mch 2, 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sarah Cook

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 37 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Housekeeper

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, 37 years

Place of Death, {Give street and number.} 88 Fort Avenue

Cause of Death, First (Primary,) Phthisis

Second (Immediate,) do

Duration of Last Sickness, About 2 years —

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, March 5th 1876

Dr. Casey Thomas M. D.
Medical Attendant.

{*Undertaker,* Armstrong & Berry
Place of Business, 263 Light St

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8416,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 4 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 4th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Cornithia R Hart

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 15 *Years,* 2 *Months,* 2 *Days.*

Color, White *Sex,* female

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Her whole life except 3 yrs

Place of Death, {Give street and number.} 136 Pine St

Cause of Death, First (Primary,) Heart disease

Second (Immediate,) " " Exhaustion

Duration of Last Sickness, Ill only one day

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemt

Date of Burial, March 6th 1876

W Hammond M. D.
Medical Attendant.

Undertaker, Levi Hearn

Place of Business, 643 & 645 West Hill Avenue

Address 53 N Paca St Balt

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 5116

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8466

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 6 1876

CERTIFICATE OF DEATH.

Date of Death, March 4th 1876

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } A, Kelso Appold

Sex, Male ~~or Female,~~ { Cross out the word not required in this line. }

Age, 2 weeks ~~Years,~~ ~~Months,~~ + 3 days *Days.*

Color, White *Sex,* Male

~~*Married, Single, Widow or Widower,*~~ { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } S. W. corner Hoffman & Park Ave.

~~*Duration of Residence in the City of Baltimore,*~~

Place of Death, { Give street and number. } S. W. corner Hoffman & Park Av.

Cause of Death, { First (Primary,) Inanition
Second (Immediate,) Infantile Convulsions

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, March 5 1876

{ *Undertaker,* H. S. Hughes
Place of Business, 46 Balt-St

H. H. C. Wilson Jr M. D.
Medical Attendant.

Address 146 Park Avenue

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 467

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 8467

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 4 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 1. 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charity A. Blackwood

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 23 *Years,* *Months,* *Days.*

Color, Negro. *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 303 Crop Street

Cause of Death, First (Primary,) Phthisis

Second (Immediate,) Asthenia

Duration of Last Sickness, 7 months

All the above information should be furnished by the Physician.

Place of Burial, Ballast Cemetery

Date of Burial, March 4. 76

Anthony Brewer M. D.
Medical Attendant.

Undertaker, Samuel N. Chase

Place of Business, 49 S. Howard *Address* 201 W. Biddle St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 5268

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8468

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 4 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 2nd 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jessie Miles

Sex, Male or Female, {Cross out the word not required in this line.}

Age, about 45 *Years,* *Months,* *Days.*

Color, Black. *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Sailor.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Eastern Shore Md.

Duration of Residence in the City of Baltimore, about 12 years

Place of Death, {Give street and number.} * 10 Peach Alley

Cause of Death, First (Primary,) Consumption.

Second (Immediate,)

Duration of Last Sickness, 3 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 5, 76

J. W. White M. D.
Medical Attendant.

Undertaker, J. W. Chase

Place of Business, 1920 Hanover st *Address* Southern Dispensary

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 8469

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8469

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTERED MAR 4 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 2d 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Boy! St, Garrett

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, 6 *Years,* 7 *Months,* *Days.*

Color, White *Sex,* Male

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, ~~~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, ~~~~

Place of Death, {Give street and number.} N° 90 William St

Cause of Death, First (Primary,) Scarlatina Anginosa

Second (Immediate,)

Duration of Last Sickness, 6 Days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem

Date of Burial, March 4th 1876

Undertaker, Chas T. Scriven

Place of Business, No 271 N Eutaw St *Address* 17 Dam Ave

W C B Stith *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 8470

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8470

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 4th March 76

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Lizzie Perks

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Years, Months, 6 weeks Days.

Color, *Sex,* female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} No 7 Gellin st near Eathard

Duration of Residence in the City of Baltimore, 6 wks

Place of Death, {Give street and number.} No 7 Gellin st near Eathard

Cause of Death, First (Primary,) Bronchitis

Second (Immediate,)

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, March 6th 1876

G. L. Dunyhill M. D.

Medical Attendant.

Undertaker, Chas. T. Scriven

Place of Business, No 271 N. Eutaw st *Address* 129 W Biddle

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 5171

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8471

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTERED
MAR 4 1876
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 3rd

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elenora Lingafelter

Sex, Male or Female, {Cross out the word not required in this line.} female.

Age, 29. *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 20 years

Place of Death, {Give street and number.} 22 N. High St.

Cause of Death, First (Primary,) Phthisis pulmonalis

Second (Immediate,) Apnoea

Duration of Last Sickness, 3 Months

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetry

Date of Burial, March 4th 1876

Undertaker, Adam Reidemeyer

Place of Business, 518½ W. Baltimore St

D. L. Rudolph M. D.
Medical Attendant.

Address 110 W. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 8172

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8172

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 4 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 4th 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Chas Gleaser,

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* — *Months,* 8 *Days.*

Color, *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 192 S. Eutaw St.

Cause of Death, First (Primary,) Scarlet Fever,

Second (Immediate,)

Duration of Last Sickness, Seven days

All the above information should be furnished by the Physician.

Place of Burial, Bath Com.

Date of Burial, March 5th

Undertaker, Wm. J. Tickner

Place of Business, 62 S. Eutaw St

R. J. N. Tall M. D.
Medical Attendant.

Address 158 S. Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 5143

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

VITAL STATISTICS DEPARTMENT MAR 4 BALTIMORE

Permit No. 8473

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 4 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Infant of Malinda Walker

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, —— *Years,* —— *Months,* 2 *Days.*

Color, Col'd

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 13 Hamilton St

Cause of Death, First (Primary,) ——

Second (Immediate,) Asthenia

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Pt Potters Field

Date of Burial, March 4th 1876

Undertaker, H. H. C. Penny

Place of Business, 448 W Pratt St

M. D.

~~Medical Attendant.~~

Address Commis of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Geo W. Evans Uncle

[OVER.]

FILM

Keepers of C...

5116 11

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 84724

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 4 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 4th. 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Florence V. Jenkins

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, *Years,* 5 *Months,* 12 *Days.*

Color, white *Sex,* female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 562 Aisquith st

Cause of Death, {First (Primary,) Pneumonia / Second (Immediate,)

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, St Patricks Cemt

Date of Burial, March - 5 - 1876

M. B. Billingslea M. D.
Medical Attendant.

{*Undertaker,* John I Rodemayer *Address* Cor. Harford Ave. & Biddle st.
{*Place of Business,* N E Cor Hanover and Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

S A F E T Y

No. 5115

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8475

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 4 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 4th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Geo. Richtens

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, Years, 9 — Months, 9 — Days.

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, 4 mos

Place of Death, {Give street and number.} N. E. cor Dulles & Pratt Sts

Cause of Death, First (Primary,) Acutition

Second (Immediate,) convulsions —

Duration of Last Sickness, 2 weeks —

All the above information should be furnished by the Physician

Place of Burial, Druid Hill Cemetery — Greenmount

Date of Burial, Monday 10 A. M.

Undertaker, Fid. Gaede

Place of Business, E. Pratt St. 185

Address 8 E. Fayette St

M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children

[OVER.]

KODAK

No. 5116

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8476

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 4 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 3rd 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jacob Leily

Sex, Male or Female, {Cross out the word not required in this line.} M

Age, 83 *Years,* 7 *Months,* *Days.*

Color, W *Sex,* M

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widower

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 40 years

Place of Death, {Give street and number.} 18 Biddle alley

Cause of Death, First (Primary,) General Debility

Second (Immediate,)

Duration of Last Sickness, 1 week in bed

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, March 5th

C Mislaw M. D.
Medical Attendant.

Undertaker, Andrew Leily

Place of Business, Druid Hill Ave *Address* 23 McCulloh St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 8477

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8477

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 4 1876 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, March 4th '76

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Harry Lewis Smith

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ——— *Years,* ——— *Months,* Seven weeks ~~Days.~~

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 477 Franklin St.

Cause of Death, First (Primary,) Pneumonia

Second (Immediate,)

Duration of Last Sickness, Four days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, March 6. 1876.

Undertaker, Chas. Keating

Place of Business, 136. E. Fayette St.

Louis W. Knight M. D.
Medical Attendant.

Address 112 N. Greene St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 8478

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8478

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 5 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 3d 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lizette Williams

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 4 *Years,* 3 *Months,* *Days.*

Color, col

Married, Single, Widow or Widower, {Cross out the words not required in this line.} S

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} Wagon Alley, of Madison & Aisquith

Cause of Death, {First (Primary,) / Second (Immediate,)} Scrofulous Drummond's

Duration of Last Sickness, Two Months

All the above information should be furnished by the Physician

Place of Burial, Lone Cemetery

Date of Burial, 5 March 10 Oclock

Undertaker, George C. Rodemayer

Place of Business, 8 Enon Ct

E. C. Baldwin *M. D.*
Medical Attendant.

Address 124 n Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Cemeteries ... Baltimore will make ... No. 8479

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8479

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 5 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 2d 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Thilmon

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, Years, Eleven (11) Months, Days.

Color, col

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth} Baltimore ~~1st House South of Hanover~~

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} Maypan Alley 1st House South of Madison

Cause of Death, {First (Primary.) Second (Immediate,)} Bronchitis

Duration of Last Sickness, Six weeks

All the above information should be furnished by the Physician

Place of Burial, Laurel Cemetery

Date of Burial, March 5th 10 O'clock

Undertaker, George C. Rodenmayer.

Place of Business, 35 Franklin St

E. L. Baldwin M. D.
Medical Attendant.

Address 124 N. Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 5451

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8480

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 5 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 4th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ida Compher

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 3 *Years,* *Months,* *Days.*

Color, Black *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, 3 Years

Place of Death, {Give street and number.} 156 north Spring

Cause of Death, First (Primary,) Hypertrophy of the Heart

Second (Immediate,)

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, March 5 76

Undertaker, Samuel Lamb

Place of Business, 118 East Fayette

L. J. Chaber *M. D.*

Medical Attendant.

Address 118 East Fayette

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 8481

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 8481. OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 5 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 4th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George Edwards Cordell

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 37 *Years,* 4 *Months,* 26 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Merchant

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Charlestown Jefferson County W. Va

Duration of Residence in the City of Baltimore, About six months

Place of Death, {Give street and number.} 55 Lexington

Cause of Death, First (Primary,) Heart Disease & Phthisis Pulmonalis

Second (Immediate,) Apnoea

Duration of Last Sickness, About 16 months

All the above Information should be furnished by the Physician.

Place of Burial, Charlestown W Va

Date of Burial, March 4th 1876

Undertaker, H. W. Jenkinson

Place of Business, Light St

Eugene F. Cordell M. D.
Medical Attendant.

Address 55 Lexington St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Transit 377)

City of Baltimore will make returns of all Permits for Burials

No. 8482

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8482.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 5 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 4th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Eliza A. Bunnell

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, 75 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Massachusetts

Duration of Residence in the City of Baltimore, 3 years

Place of Death, {Give street and number.} 64. N. Carey

Cause of Death, {First (Primary,) Cirhosis of Liver
Second (Immediate,) Abdominable dropsy

Duration of Last Sickness, Nearly One Year

All the above information should be furnished by the Physician

Place of Burial, Flatlands Long Island N. Y. Edwd F. Mulholland M. D.
Medical Attendant.

Date of Burial,

Undertaker, Hyatt Jenkins & Son

Place of Business, 16 Light St *Address* 279. W. Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit 3918.

...ding in City of Baltimore will ... returns of all ... for Burials

No. 8 1 1 6 3

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8 1 4 8 3

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 5 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 4th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Hesler Brooks

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 55 *Years,* *Months,* *Days.*

Color, Black

Married, ~~Single~~, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Calvert Co Md

Duration of Residence in the City of Baltimore, Ten years

Place of Death, {Give street and number.} 193 West st

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate,)

Duration of Last Sickness, Five months

All the above information should be furnished by the Physician

Place of Burial, Laurel Cemetery | H. N. Webster M. D.

Date of Burial, March

Medical Attendant.

Undertaker, W. M. Chase | Address 57 Barnet

Place of Business, No 198 Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 5115

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8484

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 5 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 3rd 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Capt Joseph Spiro

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 54 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Mariner

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Austria

Duration of Residence in the City of Baltimore. Five years

Place of Death, {Give street and number.} 449 E. Lombard St

Cause of Death, First (Primary,) Softening of Brain

Second (Immediate,) Coma

Duration of Last Sickness, One week

All the above information should be furnished by the Physician

Place of Burial, Greenmount Cemetery

Date of Burial, March 6. 1876

Undertaker, M. A. Davis

Place of Business, 74 S. Broadway

G. Glanville Buck M. D.
Medical Attendant.

Address Balt & Hanover Sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

D. 5433

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases ... back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 81485

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 5 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 4th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Raymond L Taylor

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, Eighteen *Years,* *Months,* *Days.*

Color, White *Sex,*

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 136 Collington Avenue

Cause of Death, First (Primary,) Scrofula

Second (Immediate,) Consumption Phthisis

Duration of Last Sickness, About three months

All the above Information should be furnished by the Physician.

Place of Burial, Crisfield, Md

Date of Burial, Mar 7 1876

Undertaker, M. A. Daiger

Place of Business, 74 N. Bond

Milton A Taylor M. D.
Medical Attendant.

Address 100 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

...ers of ... shall make returns of all Permits for Burials

8486

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8486

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 6 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 11th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Maggie Miller

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Years, Months, Days.

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Servant

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 1 Pratt, E. Calvert St

Cause of Death, First (Primary.) Phthisis

Second (Immediate.)

Duration of Last Sickness, 1

All the above information should be furnished by the Physician.

Place of Burial, St. James Cemetery M.D.

Medical Attendant.

Date of Burial, 13 March

Undertaker, Hudson Lippel Address

Place of Business, 1[illegible] E. Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 5447

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8487

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 6 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 4th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lotta Bauersfeld

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 6 years ~~Years.~~ *Months,* *Days.*

Color, *Sex,*

~~*Married*~~, *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 6 years

Place of Death, {Give street and number.} ~~1 yr~~ 239 W. Gay St.

Cause of Death, First (Primary,) Diphtheria

Second (Immediate,) Exhaustion

Duration of Last Sickness, 14 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, March 6th 1876

Undertaker, Wm. H. Hickman

Place of Business, 234 W. Gay St.

Wm Morris M. D.

Medical Attendant.

Address 5 Lexington St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

5455

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8488

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 6 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March ~~February~~ 5th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Ann McCall

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 59 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

~~Married, Single~~, *Widow or* ~~Widower~~, {Cross out the words not required in this line.}

Occupation, House keeper

Birthplace, {State or country (and how long in the United States, if of foreign birth.} England

Duration of Residence in the City of Baltimore, 40 years

Place of Death, {Give street and number.} 89 N Eutaw street

Cause of Death, First (Primary,) Pneumonia

Second (Immediate,)

Duration of Last Sickness, 1 Week

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, March 7th 1876

Undertaker, ~~M~~ J. Weaver

Place of Business, Rose & near Eutaw

D J Darling *M. D.*
Medical Attendant.

Address 143 Baltimore st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 8489

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8489

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 5th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mrs Kate Sheahan

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, 33 *Years,* *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 8 Light St

Cause of Death, First (Primary,) Pneumonia

Second (Immediate,)

Duration of Last Sickness, One week

All the above information should be furnished by the Physician

Place of Burial, New Cath. Cem.

Date of Burial, March 7th 76.

Undertaker, Hyl & Jenkins & Son

Place of Business, 16 Light.

Edwd F. Sullivan M. D.
Medical Attendant.

Address 279 W. Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children

[OVER.]

No. 8490

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8490

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE obtained WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 6 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 6th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sarah Brown

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Supposed 100 *Years,* and over *Months,* _____ *Days.*

Color, Black *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Unknown

Occupation, Domestic Servant

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Unknown

Duration of Residence in the City of Baltimore, do,

Place of Death, {Give street and number.} 425 N. Calhoun St.

Cause of Death, First (Primary,) Severe & extensive burns

Second (Immediate,) Pulmonary congestion

Duration of Last Sickness, Four weeks.

All the above information should be furnished by the Physician.

Place of Burial, W. Potters Field

Date of Burial, March 7, 1876

Undertaker, M. H. C. Perry

Place of Business, 448 W. Pratt St

W. W. Murray *M. D.*
Medical Attendant.

Address Baltimore & Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8491

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 5th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James Devine

Sex, Male or ~~Female.~~ {Cross out the word not required in this line.}

Age, ____ Years, 10 Months, 20 Days.

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt. Md.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} Pine c/o 7th & S. Maryville Pk.

Cause of Death, {First (Primary.) / Second (Immediate.)} Intercostal Hemorrhage / Coccia / Pneumonia

Duration of Last Sickness,

All the above information should be furnished by the Physician

Place of Burial, Methodist Protestant Burying Ground

Date of Burial, March 7th

Undertaker, M. Fry

Place of Business, N. Broadway

R. M. Glanville, Med. M. D.
Medical Attendant.

Address Balto Med. Dep.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Keepers of Cemeteries [illegible] of Baltimore will make [illegible]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 84921

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 8 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 5th, 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Augustus F. W. Hucksoll.

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male.

Age, 4 *Years,* 10 *Months,* 24 *Days.*

Color, White *Sex,* Male.

Married, Single, ~~Widowed or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 146 Pearl St.

Cause of Death, First (Primary,) Cerebritis.

Second (Immediate,) Cyanosis.

Duration of Last Sickness, 2½ days.

All the above information should be furnished by the Physician.

Place of Burial, St Pauls Cemetery Md. H. K. Letterhoff M. D.

Medical Attendant.

Date of Burial, March 7th 1876

Undertaker, J. H. Latrobe, *Address* 77 George St.

Place of Business, 157 Mulberry St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 8493

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8498

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 6 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 3rd 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Rogers

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 24 *Years,* 7 *Months,* 2 *Days.*

Color, Brown *Sex,*

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Maid

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Shady Grove Baltimore Co.

Duration of Residence in the City of Baltimore, 24 years

Place of Death, {Give street and number.} 16 Saratoga Street

Cause of Death, {First (Primary,) Second (Immediate,)} Dont Know " Dont know any thing about her - Visited her but once.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, New ~~Catholic Cemetery~~ W. G. Harrison M. D. Medical Attendant

Date of Burial, March 6th 1876

Undertaker, Filghman & Bishop

Place of Business, Cor. Smithson. & Biddle St. *Address* Balt. Gen'l Dispensary

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 5114

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8494

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 6 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 5th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Hannah B Starr

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, Sixty Five *Years,* ——— *Months,* ——— *Days.*

Color, White *Sex,* Female

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Delaware

Duration of Residence in the City of Baltimore, 30 Years

Place of Death, {Give street and number.} Starr's Hotel Front St

Cause of Death, {First (Primary,) Uterine Tumor for years

Second (Immediate,) Sudden prostration, bowels occluded for a week

Duration of Last Sickness, About two weeks

All the above information should be furnished by the Physician.

Place of Burial, Balt Cemetery E. C. Price M. D.

Medical Attendant.

Date of Burial, March 7th 1876

Undertaker, Jno H Weaver *Address* 262 Madison Av

Place of Business, Gayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 5117

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8195

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 5th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Philip Sheridan

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, —— *Years,* —— *Months,* 6 *Days.*

Color, Blk

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 8 Bolton Street

Cause of Death, First (Primary,) ——

Second (Immediate,) Convulsions

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician

Place of Burial, Laurel Cemetery

Date of Burial, March 6th 1876

Undertaker, John C. Jordan

Place of Business, Park St

Address Commiss of Health & Registrar

M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Information from James Sheridan Father

No. 8496

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8496

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 8 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 6. 76

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ira Henry Sauer

~~*Sex, Male or Female,*~~ {Cross out the word not required in this line.}

Age, 1 *Years,* 3 *Months,* — *Days.*

Color, White *Sex,* male

~~*Married,* *Single,* *Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, 10 months

Place of Death, {Give street and number.} 132 Gough St

Cause of Death, First (Primary,) Pneumonia

Second (Immediate,) Effusion Brain shown by convulsions

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetaries

Date of Burial, March the 7

Undertaker, Peter Kümmert

Place of Business, 317 Mulberry St

L. M. Eastman M. D.
Medical Attendant.

Address 849 Lexington

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 5437

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8497

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 4th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Baston

Sex, Male ~~*or Female,*~~ {Cross out the word not required in this line.}

Age, 28 *Years,* ——— *Months,* ——— *Days.*

Color, Col'd

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 91 Spring Street

Cause of Death, {First (Primary,) ——— Second (Immediate,) Consumption

Duration of Last Sickness, one Year

All the above information should be furnished by the Physician.

Place of Burial, E. Potters Field

Date of Burial, March 6th 1876

M. D.

Undertaker, W. Donovan

Place of Business, 148 S. Central Av *Address* Commiss of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Information by Annie Beale Friend

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Dise...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATIS...

Permit No. 8498

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 5th, 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Katharine Seibert.

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ... *Years,* 9 *Months,* ... *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City, Maryland.

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 163 S. Spring St.

Cause of Death, First (Primary,) Syphilis — Tertiary

Second (Immediate,) Marasmus — Convulsions & coma.

Duration of Last Sickness, Since birth.

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cem. John H. Rehberger, M. D.

Medical Attendant.

Date of Burial, March 7th.

Undertaker, H. Siffel *Address* 243 Alice-Anna St.

Place of Business, S. Bond St. 151

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 5499

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8499

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 5th Feb. 1876

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Jane H. Phipps

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 42 *Years,* *Months,* *Days.*

Color, white *Sex,* male

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Housekeeper

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, 42 yrs

Place of Death, { Give street and number. } 613 Pratt St. (rear)

Cause of Death, First (Primary,) Tuberculosis

Second (Immediate,) Pulmonary Phthisis

Duration of Last Sickness, 2½ Months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetary

Date of Burial, March 7th, 1876

Undertaker, J. B. Cook

Place of Business, 707 W. Baltimore St.

John Hood M. D.
Medical Attendant.

Address 214 Hollins St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8100

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

DEPARTMENT OF HEALTH
MAR 6 1976
BALTIMORE

Date of Death, March 5th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles Edward Peale

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 2 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth} Baltimore City,

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 1st 138 Eutaw

Cause of Death, {First (Primary,) Second (Immediate,)} Pneumonia

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 6 76

{*Undertaker,* Samuel H. Chase
Place of Business, 14 S. Howard St.

Henry Bell M. D.
Medical Attendant.

Address 12 Hanover

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back

Board of Health, City of Baltimore,

Permit No. 8511

OFFICE OF REGISTRAR OF VITAL STATIS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately* *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceas sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 4 Mch March 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sarah Elizabeth Brune

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, One *Years,* 6 *Months,* *Days.*

Color, Black *Sex,*

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} No 11 N Dallas st Baltimore

Duration of Residence in the City of Baltimore, One year & 6 months

Place of Death, {Give street and number.} 128 N Bethel st

Cause of Death, {First (Primary,) Pneumonia / Second (Immediate.)

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Dallis st Cemetery

Date of Burial, May 6. 76

Undertaker, John W. Lash

Place of Business, No 59 ½ Wolf st

Wm. H. Russell M. D.
Medical Attendant.

Address Broadway & Gaudin sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of t...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8572

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 11. 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Josephine Abell

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 1 *Years,* 6 *Months,* *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt. Md.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 5. Dulaney Pl

Cause of Death, {First (Primary,) Marasmus, Second (Immediate,) Exhaustion

Duration of Last Sickness, Two months.

All the above information should be furnished by the Physician

Place of Burial, Dallis St Cemetery *Date of Burial,* Mar 6. 76

Undertaker, John W. Lock, *Place of Business,* No 59 S. Wolfe st

F. Glanville, Med. M. D.
Medical Attendant.

Address Balto Md.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and time of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 5313

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8573

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 7 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 4 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Molly Rose

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 8 *Years,* — *Months,* — *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} City.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 49 St. Eutaw

Cause of Death, First (Primary,) Scarlatina

Second (Immediate,) Pericarditis

Duration of Last Sickness, two weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County Abram B. Arnold M. D.

Medical Attendant.

Date of Burial, March 7/76

Undertaker, Ch Rassing

Place of Business, 136 E Saratoga. *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 5711

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8514

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 6th March

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wm Farley

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 3 *Years,* 7 *Months,* ——— *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 18 Lemon St

Cause of Death, {First (Primary,) Endocarditis

{Second (Immediate,)

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery Geo Keyser *M. D.*

Date of Burial, March 7 Medical Attendant.

Undertaker, F W Cook,

Place of Business, 707 West Baltimore St *Address* 41 Brantley Terrace

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8515

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 7 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 4

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} John A O'Meara

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 13 *Years,* 7 *Months,* 26 *Days.*

Color, White *Sex,*

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 1 Howard St

Cause of Death, First (Primary,) Scarlet fever

Second (Immediate,) Hydrocephalus

Duration of Last Sickness, About one week

All the above information should be furnished by the Physician.

Place of Burial, Cobb Cemetary Chas A Doremus M. D.

Medical Attendant.

Date of Burial, March 6th 1876

Undertaker, Joseph F Byrne *Address*

Place of Business, 69 n Liberty

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 5516

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8576

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 7 1876 BALTIMORE

Date of Death, March 5. 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Kate Howard

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, *Years,* 1 *Months,* 8 *Days.*

Color, White *Sex,* F.

Married, Single, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, During life,

Place of Death, {Give street and number.} 13 Mc Mechin St,

Cause of Death, First (Primary,) Inanition

Second (Immediate,)

Duration of Last Sickness, During life

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem

Date of Burial, March 7th 1876

J. L. Engle M. D.
Medical Attendant.

Undertaker, Geo Saffron *Address* 247 Lawrence St

Place of Business, 121 Lawrence

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 5317

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5317

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 7 1876 BALTIMORE

Date of Death, 5th of March 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named give names of parents.} Dorothea Thieman

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 12 *Years,* ——— *Months,* ——— *Days.*

Color, White

~~*Married*~~, *Single, Widow or Widower,* {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth} Pegerack (Bremen)

Duration of Residence in the City of Baltimore, 1 year

Place of Death, {Give street and number} Corn. Front & Monath

Cause of Death, {First (Primary,) Insufficiency mitralis et aortae & Chorea St. Viti. / Second (immediate,) Apoplexia

Duration of Last Sickness, 3 months.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, 7th March 1876

Undertaker, J. B. Boulter

Place of Business, 20 Broadway

Address Lat. S. Baltimore Co.

J. Mathews M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 5 · 1 7

...hysicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 8518 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 7 1876 BALTIMORE

Date of Death, March 6th, - 12 O'clock, M.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Edward Thomas Ohlemacher

Sex, Male or Female, {Cross out the word not required in this line.}

Age, (11) One *Years,* 8 mo (4) *Months,* ——— *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. City.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} No. 21 Barclay St.

Cause of Death, First (Primary,) Inf. of Brain

Second (Immediate,) Exhaustion

Duration of Last Sickness, Twenty-one — (21) days.

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, March the 9th

Wm. F. Ohlemacher M. D.
Medical Attendant.

Undertaker, W. P. Bill

Place of Business, No. 183. Columbia ave *Address* 518 N. Howard St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

No. 5349

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8519

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 7 1876 BALTIMORE

Date of Death, March 5th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Conrad Schenkel

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 57 *Years,* 3 *Months,* 23 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Baker

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 40 years

Place of Death, {Give street and number.} 239 Light St.,

Cause of Death, {First (Primary,) Apoplexy

{Second (Immediate,) Sudden

Duration of Last Sickness,

All the above information should be furnished by the Physician

Place of Burial, Loudon Park

Date of Burial, March 8th

{*Undertaker,* Armstrong & Denny

{*Place of Business,* 263 Light St

R. C. Lee M. D.
~~Medical Attendant~~ Coroner 3 D.
N. W. cor Hanover & Barre sts.
Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseas...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATIST...

Permit No. 8520

The Physician who attended any person in a last Illness is responsible for the presentation of this Certificate, *accurately f... out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 7 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 6th 1876

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Bryson Gill

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 86 *Years,* 6 *Months,* ——— *Days.*

Color, ~~Same~~ White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Married

Occupation, D. D. S.

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Denton, Caroline Co Md

Duration of Residence in the City of Baltimore, 61 years

Place of Death, { Give street and number. } No 56 S. Sharp st

Cause of Death, { First (Primary,) Old age / Second (Immediate,) Natural Causes

Duration of Last Sickness, 2 Months

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemt

Date of Burial, March 8th 1876

Undertaker, Wood Hines

Place of Business, 1.476 Penn. Ave. Cor 4½ St.

R. C. Lee M. D.
Medical Attendant.

N. W. Cor

Address Hanover & Barre sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 8521

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 8521

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 7 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 4th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ida Hunter

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 14 *Years,* — *Months,* — *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widowe~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Home of Friends Aver Rose & Gonorhea

Cause of Death, First (Primary,) Typhoid Fever

Second (Immediate,) Cerebral Effusion

Duration of Last Sickness, Six days

All the above Information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemetery W. C. Van Bibber M. D.

Date of Burial, March 6th 1876

Medical Attendant.

Undertaker, Jacob Weaver

Place of Business, No 496 Druid Hill Ave Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8522

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 7 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 6. 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James H. King

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, Forty Six *Years,* ——— *Months,* ——— *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Printer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt. City.

Duration of Residence in the City of Baltimore, Always

Place of Death, {Give street and number.} 119 N. Stricker St.

Cause of Death, First (Primary,) Nephritis

Second (Immediate,) Uraemic Poison

Duration of Last Sickness, 12 days

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cem.

Date of Burial, March 8 - 1876

Undertaker, John J. Rodenmayer

Place of Business, W. E. Cor Greenmount Ave & Greenmount St

H. C. Walton M. D.
Medical Attendant.

Address 581 Lexington St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 8523

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 7 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 6th 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Robert H. Crawford.

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, Twenty Six *Years,* *Months,* *Days.*

Color, White, *Sex,* Male,

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Ship Carpenter,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City Md.

Duration of Residence in the City of Baltimore, Life Time.

Place of Death, {Give street and number.} 235 Bank St.

Cause of Death, {First (Primary,) / Second (Immediate.)} Consumption.

Duration of Last Sickness, Eight Months.

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, March 8th 1876

Undertaker, Hughes & Co

Place of Business, 65 S Broadway

Nicholas T. Goshiel M. D.
Medical Attendant.

Address 217 S. Broadway.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 8824

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8824

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 7 1876 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, March 6. 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Hallie Gladman Tuttle.

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 3 *Years,* 11 *Months,* *Days.*

Color, White *Sex,* Male

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 54 E. Fayette St.

Cause of Death, First (Primary,) Membranous Comp.

Second (Immediate,)

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cem'tery

Date of Burial, March 8th 1876

J. H. Hoxet M. D.
Medical Attendant.

Undertaker, John D. Weaver

Place of Business, 422 W. Fayette St Address 95 E. Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 5325

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8525

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if required so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 7 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 6th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Laura Brown Mother

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ~~Years,~~ *Months,* 6 hours ~~Days.~~

Color, Col'd

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth} Balto City

Duration of Residence in the City of Baltimore. Life

Place of Death, {Give street and number.} 103 Chestnut St

Cause of Death, First (Primary,) ; Second (Immediate,) Asthenia

Duration of Last Sickness,

All the above information should be furnished by the Physician

Place of Burial, E. Potters Field

Date of Burial, March 9th 1876

Undertaker, W. Donovan

Place of Business, 148 S. Central Ave

M. D.
Medical Attendant

Address Commiss of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by officer McKeever on Boat

[OVER.]

No. 5526

The Special Attention of Physicians is respectfully invited to the remarks below. and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 8526

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 7 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 4th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George Dashields

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, fifty two *Years,* *Months,* *Days.*

Color, *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Sailor

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Wicomico County Md

Duration of Residence in the City of Baltimore, One Year

Place of Death, {Give street and number.} 9 Lig. St Court

Cause of Death, First (Primary,) Asthma

Second (Immediate,) Valvular Disease of Heart

Duration of Last Sickness, Seven Months

All the above Information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 7th 1876

Whitefield Wines M. D.
Medical Attendant.

Undertaker, John. C. Vondon

Place of Business, No 63 Park Av *Address* 116 E. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

No. 1527

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 8527

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 7 1876 BALTIMORE

Date of Death, 6th March 1876

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Flora White

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, *Years,* 16 *Months,* *Days.*

Color, Black *Sex,*

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, 16 Months

Place of Death, { Give street and number. } 21 Wells Lane

Cause of Death, { First (Primary,) Pneumonia / Second (Immediate,)

Duration of Last Sickness, 2 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Loudon Cemetery

Date of Burial, March 7th 76

Undertaker, Geo. A. Lange

Place of Business, Lombard & East Sts.

Wm. L. Rowe M. D.
Medical Attendant.

Address Cor Broadway & Fleet Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 8523

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8528

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 7 1876 BALTIMORE

Date of Death, March 6th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Josephine Davis

Sex, ~~*Male or Female*~~, {Cross out the word not required in this line.}

Age, 22 *Years,* *Months,* *Days.*

Color, white *Sex,*

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, 2 yrs

Place of Death, {Give street and number.} Univ. Hospital

Cause of Death, First (Primary,) Phthisis

Second (Immediate,) Asthenia

Duration of Last Sickness, 12 months

All the above information should be furnished by the Physician.

Place of Burial, Cemetery near Mt Carmel J. A. Ashby M. D.

Date of Burial, March 8th 1876 Medical Attendant.

Undertaker, John Thacker

Place of Business, No 150 Canden *Address* Univ. Hospital.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

No. 5529.

Board of Health, City of Baltimore,

Permit No. 8529

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 7 1876 BALTIMORE

Date of Death, March 7.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie Eck

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.} Female

Age, 32 *Years,* — *Months,* 1 *Days.*

Color, White *Sex,* Female

~~*Married, Single,*~~ *Widow or* ~~*Widower*~~, {Cross out the words not required in this line.} Widow

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Carroll Co Md

Duration of Residence in the City of Baltimore, 2 Years

Place of Death, {Give street and number.} 83 Druid Hill ave

Cause of Death, First (Primary,) Fever

Second (Immediate,) Septicaemia

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemetery

Date of Burial, March 9th 1876

Undertaker, Andrew Eck

Place of Business, 118 Druid Ave *Address*

W. F. Kemp M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 3530

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 8530

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 7 1876 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, March 7th 1876

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents } Infant Ches[illegible] & C. A. Confection

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, ____ *Years,* ____ *Months,* 3 hours *Days.*

Color, White *Sex,* ____

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, ____

Birthplace, { State or country (and how long in the United States, if of foreign birth. } 541 Saratoga St

Duration of Residence in the City of Baltimore, ____

Place of Death, { Give street and number. } 541 Saratoga St.

Cause of Death, { First (Primary,) Premature Birth
Second (Immediate,) ____

Duration of Last Sickness, ____

All the above Information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, March 7th 1876

Undertaker, Parents

Place of Business, ____

John Neff M. D.
Medical Attendant.

Address 518 N. Bayth St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 5531

THE SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8531

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 7th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Supposed to be McClellan

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, About 50 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Supposed to be Scotland

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} Light St. Wharf. foot of Wellcome

Cause of Death, {First (Primary,) Accidentally / Second (Immediate,) Drowned

Duration of Last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, N. Potters Field

Date of Burial, March 7th 1876

Undertaker, H. H. C. Perry

Place of Business, 148 W. Pratt St

R. B. Lee M. D.

N. W. cor ~~Herbert & Hanover~~ Coroners Office

Address Hanover & Barre Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

No. 3532

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8592

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased; or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
1876
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 6th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Thomas Griffin

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Years, 10 Months, 14 Days.

Color, white *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, since born

Place of Death, {Give street and number.} 9 Mc Culloh

Cause of Death, First (Primary,) Pulmonary Tuberculosis

Second (Immediate.)

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, St Patricks Cemetery

Date of Burial, March 8 1876

Undertaker, James P Byrne

Place of Business, No 63 N Front St

Pierre G Dauvergne M. D.
Medical Attendant.

Address 9 Mc Culloh

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

No. 5539

Board of Health, City of Baltimore,

Permit No. 8533

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 8 1876 BALTIMORE

Date of Death, Mar. 7th 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary a. a. Gerlach

Sex, Male or Female, {Cross out the word not required in this line.} F.

Age, 9 *Years,* *Months,* *Days.*

Color, W. *Sex,* F.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 169 Greenmount Ave.

Cause of Death, {First (Primary,) Meningitis. (Cerebral)
Second (Immediate,) Asthenia

Duration of Last Sickness, 3 wks.

All the above information should be furnished by the Physician.

Place of Burial, Evergreen Cath Cemt

Date of Burial, March 9 - 1876

{*Undertaker,* John J Rodenmayer

{*Place of Business,* W Fay Greenmount Ave & Monument St

H. J. Reynolds M. D.
Medical Attendant.

Address 186 Aisquith St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 8334

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8334

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 8 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March ~~Feb~~ 6 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Kelly.

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 6 *Years,* 6 *Months,* 6 *Days.*

Color, White *Sex,* ——

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ——

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and number.} Mc Alers Court No 5.

Cause of Death, {First (Primary,) Scarlet Fever

{Second (Immediate.)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cmt

Date of Burial, March 8 1876

F. E Shatard M. D.
Medical Attendant.

Undertaker, John I Rodenmayer *Address* 114 Park Ave

Place of Business, W E & Co Fremont Ave & Monument St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 5535

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5535

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 8 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 4th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James & Mary Mc Kenny

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ½ hour ~~Years,~~ ~~Months,~~ ~~Days.~~

Color, White ~~Sex,~~

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 34 Conway

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 34 Conway

Cause of Death, { First (Primary,) Difficult labor, breach presentation.
Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cem

Date of Burial, March 8 1876

Undertaker, John T Rodenmyer

Place of Business, N E Cor Lexington and Monument Sts

Thos. F. Latimer M. D.
Medical Attendant.
214 Madison ave
Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 8536

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8536

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 8 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 8th 76

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Emma Steinbacher

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 3 *Years,* 6 *Months,* *Days.*

Color, white *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany.

Duration of Residence in the City of Baltimore, 2 years 6 mths

Place of Death, {Give street and number.} 6 Ridgely pl.

Cause of Death, First (Primary,) Scarlet fever

Second (Immediate,)

Duration of Last Sickness, 16 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, March 9th 76

Undertaker F. N. Trott

Place of Business, 90 S. Howard St *Address* 95 S. Sharp St.

H. A. Albers M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 5337

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8537

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 6 1876 BALTIMORE

Date of Death, March 6th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sarah C Goulderwell

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 88 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.} Single

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 30 & Madison Ave.

Cause of Death, First (Primary,) Old Age

Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, March 8 76

Undertaker, W. W. Jenkins & Son

Place of Business, 16 Light St.

J. W. Whitehorn M. D.
Medical Attendant.

Address 121 W. Madison St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 5335

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8538

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 9 1876 BALTIMORE

Date of Death, March 8th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Agnes Houston

~~Sex, Male~~ or Female, {Cross out the word not required in this line.}

Age, 17 *Years,* *Months,* *Days.*

Color, White. *Sex,* Female.

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, Lifetime.

Place of Death, {Give street and number.} 238 Carlton St

Cause of Death, { First (Primary,) Pyemia

Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery.

Date of Burial, March 9th 1876

{ *Undertaker,* Wm. H. Weaver.

{ *Place of Business,* 22 N. Gayette St.

OS Nichon M. D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

8539

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 8539

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 8 1876 BALTIMORE

Date of Death, March 7. 76.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } George Seibert

~~*Sex,*~~ *Male or* ~~*Female,*~~ { Cross out the word not required in this line. }

Age, 89 *Years,* ——— *Months,* ——— *Days.*

Color, White *Sex,* Male

~~*Married, Single, Widow or Widower,*~~ { Cross out the words not required in this line. } Widower

Occupation, Machinist

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Franklin Co. Pa.

Duration of Residence in the City of Baltimore, 15 Years

Place of Death, { Give street and number. } 650 N. Eutaw St.

Cause of Death, { First (Primary,) Age / Second (Immediate,) Debility

Duration of Last Sickness, Failing for 6 years

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem

Date of Burial, March 9th 1876.

Louis M. Eastman M. D.
Medical Attendant.

{ *Undertaker,* John S. Weaver
{ *Place of Business,* ~~#~~ 22 W. Fayette St

Address 324 Lexington

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 5511

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 85240

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 8 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 7th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Margaret Bagley

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 76 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} Cor. Fremont & Columbia Ave.

Cause of Death, First (Primary,) Pneumonia

Second (Immediate,)

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, March 8th 1876

Dr. Hilton M. D.
Medical Attendant.

Undertaker, Jas Lord

Place of Business, 564 W. Baltimore St *Address* 121 N. Amity St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 5311

The special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 85741

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 8 1876 BALTIMORE

Date of Death, March 7th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Carolina Schumann

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 26 *Years,* 11 *Months,* 7 *Days.*

Color, white *Sex,* female

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, housekeeper

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Braunschweig Germany

Duration of Residence in the City of Baltimore, 26 years

Place of Death, {Give street and number.} No 9 Armstead lane

Cause of Death, First (Primary,) Peloric - Abscess.

Second (Immediate,) General miliar - Tuberculosis.

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemty

Date of Burial, March 8th 1876

Undertaker, Henry Froehlich

Place of Business, 246 Eastern Ave.

Henry Salzer M. D.
Medical Attendant.

Address 162 W Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

18 113

THE SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 85742

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 6th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Nancy Williams

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 78 *Years,* ——— *Months,* ——— *Days.*

Color, colored

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Calvert Co Md

Duration of Residence in the City of Baltimore, 35 Years

Place of Death, {Give street and number.} 48 Gilbon lane

Cause of Death, {First (Primary,) old age / Second (Immediate,) debility}

Duration of Last Sickness, ———

All the above information should be furnished by the Physician.

Place of Burial, Sharp st ground

Date of Burial, March 8 1876

Undertaker, Jas L Gordon

Place of Business, No 63 Park ave

I H Camp M. D.
Medical Attendant.

Address 76 Lloyd St

HEALTH DEPARTMENT MAR 8 1876 BALTIMORE

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the lned, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and in cases of births and deaths of illegitimate children

[OVER.]

No. 5343

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8574 3

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 10 1876 BALTIMORE

Date of Death, 7th March 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Rose

Sex, Male or Female, {Cross out the word not required in this line.}

Age, *Years,* 5 *Months,* *Days.*

Color, Colored *Sex,* F

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Park ave Md

Duration of Residence in the City of Baltimore, 5 yrs

Place of Death, {Give street and number.} 40 Tyson Street

Cause of Death, First (Primary,) Pneumonia [redacted]

Second (Immediate,) Pneumonia

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 10 1876

Undertaker, John F Gordon

Place of Business, 1063 Park Ave

C B Gamble M. D.

Medical Attendant.

Address 41 Richmond Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

THE SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

Permit No. 8524

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 8 1876 BALTIMORE

Date of Death, Mch 7th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Josephine B Shepherd

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* — *Months,* 14 *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number.} 917 W Lombard St

Cause of Death, {First (Primary,) Scarlet Fever

{Second (Immediate,) Scrofula

Duration of Last Sickness, 4 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Mch 9th 1876

{*Undertaker,* L. B. Cook

{*Place of Business,* W. Balto St

H H Surrey M. D.

Medical Attendant.

Address 162 Park St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

No. 53115

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 85745

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 3 1876 BALTIMORE

Date of Death, March 2th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Thomas Smyth

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 78 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

~~Married, Single, Widow or~~ Widower, {Cross out the words not required in this line.}

Occupation, Stone of late

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Manchester England

Duration of Residence in the City of Baltimore, 50 years

Place of Death, {Give street and number.} 283 S. forth Broadway

Cause of Death, First (Primary,) Severe cold

Second (Immediate.) Bronchitis Tracheatis

Duration of Last Sickness, About three weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, March 6th 1876

Undertaker, W A Baiger

Place of Business, 74 S Bdwy

Milton F Taylor M. D.
Medical Attendant.

Address 103 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Phy-sician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

E T Y ▲ F I L M

No. 5546

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8526

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 8 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 6th 11 P. M. 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James Oliver Keys

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 3 *Years,* *Months,* 13 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, During Life

Place of Death, {Give street and number.} 58 S. Ann St.

Cause of Death, First (Primary,) Rheumatism of heart

Second (Immediate,)

Duration of Last Sickness, Since February 28th

All the above information should be furnished by the Physician.

Place of Burial, Balto. Cemetery

Date of Burial, March 9th 1876

James E Donnelly M. D.
Medical Attendant.

Undertaker, H A. Daiger

Place of Business, 4 & 6 N. Bliss

Address 299 E Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

KODAK SAF

No. 5917

The special attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 85271

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 9 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 7th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary A. Little

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 79 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

~~*Married, Single,*~~ *Widow* ~~*or Widower*~~, {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 58 years

Place of Death, {Give street and number.} 78 Chew Street

Cause of Death, First (Primary,) Not wearing a truss

Second (Immediate,) Hernia strangulated

Duration of Last Sickness, About a week

All the above Information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, March 9th 1876

Undertaker, W A Waiger

Place of Business, 404 N Bond

Milton A Snyder **M. D.**

Medical Attendant.

Address 103 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 5515

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8578

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 9 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 7th March 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ann Pattison

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 64 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, Single, ~~Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Kent County Md

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give street and number.} 181 Central Avenue

Cause of Death, {First (Primary,) Chronic Bronchitis / Second (Immediate,)

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Bell County

Date of Burial, March 9

Undertaker, Wm Fell

Place of Business, 4 & 1 North

William L. Scull M. D.
Medical Attendant.

Address 1 Broadway & Madison Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

No. 5519

Board of Health, City of Baltimore,

Permit No. 8579

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 8 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death,	March 6th 1876
Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.}	Laura Dow Clark
Sex, Male or Female, {Cross out the word not required in this line.}	Female
Age,	1 Years, Months, 1 Days.
Color,	Col'd
~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}	Sex, Female,
Occupation,	
Birthplace, {State or country (and how long in the United States, if of foreign birth.}	Balto City
Duration of Residence in the City of Baltimore,	since birth
Place of Death, {Give street and number.}	165 Sarah Ann st.
Cause of Death, First (Primary,)	Bronchitis ~~Croup~~
Cause of Death, Second (Immediate,)	Convulsions
Duration of Last Sickness,	4 Weeks

All the above information should be furnished by the Physician.

Place of Burial,	Laurel Cemetery
Date of Burial,	March 8 76
Undertaker,	S M Shaw
Place of Business	194 S Howard st

Chas L Pennington M. D.
Medical Attendant.

Address N W cor Mulb & Green st,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 1350

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8530

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 9 1876 BALTIMORE

Date of Death, March 6th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Eliza Ann Gilmore

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 52 (60) *Years,* *Months,* *Days.*

Color, *Sex,*

[redacted]*le, Widow or* [redacted]*r,* {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 29 May St

Cause of Death, { First (Primary,) Pulmonary consumption

Second (Immediate,)

Duration of Last Sickness, One Year

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 8 76

{ *Undertaker,* S W Chase

{ *Place of Business,* 194 W Howard st

Daniel F Powell M. D.
Medical Attendant.

Address No 29 Augusta Pl

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 5551

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8557,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 7th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Francis E. E. Brown

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, — *Years,* 7 *Months,* — *Days.*

Color, ~~Sex,~~ Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 17 Clarett alley

Cause of Death, First (Primary,) Pneumonia

Second (Immediate,)

Duration of Last Sickness, 2 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 8th 1876

Undertaker, W. M. Chase

Place of Business, 19th & Hanover sts

R. E. Lee M. D.
Medical Attendant.

N. W. Cor

Address Hanover & Barre sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 8552

The special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

8552

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8552

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 8 1876 BALTIMORE

Date of Death, March 8. Th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Wooden

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 66 *Years,* 8 *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Flour Dealer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. Co. Md.

Duration of Residence in the City of Baltimore, 15 Years

Place of Death, {Give street and number.} 221 Calhoun St.

Cause of Death, First (Primary,) Bright's disease

Second (Immediate,) Uremic poisoning

Duration of Last Sickness, About One month

All the above information should be furnished by the Physician.

Place of Burial, London Park Cem

Date of Burial, March 10th 1876

L. D. Thomson M. D.
Medical Attendant.

Undertaker, Jacob Weaver

Place of Business, No 486 Druid Hill Avenue

Address 248 Madison St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 8553

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8553

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 8 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 7th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George J Barker

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, Thirty five *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Merchant

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 126 Bolton St

Cause of Death, First (Primary,) Brights Disease

Second (Immediate,) Uraemia

Duration of Last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem. Reggie Buckler M. D.

Date of Burial, March 9th 1876 Medical Attendant.

Undertaker, Jacob Hamer

Place of Business, No 476 Druid Hill Ave *Address* 135 N Charles St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 5554

The special attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8554

The Physician who attended any person in a last Illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 8 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 7th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Truman Thompson

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 11 *Years,* — *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 9 McMechen St.

Cause of Death, First (Primary,) Organic Disease of Heart (Hypertrophy)

Second (Immediate,) Cardiac & general Dropsy

Duration of Last Sickness, 2 Years

All the above information should be furnished by the Physician.

Place of Burial, Western, G.

Date of Burial, March 8-

Undertaker, J. B. Blackistonson

Place of Business, 606 Balt st

John Neff M. D.
Medical Attendant.

Address 558 W Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 5555

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8533

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 8 1876 BALTIMORE

Date of Death, March 6th 1876

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Philip Johnson

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 57 *Years,* *Months,* *Days.*

Color, Black *Sex,* Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Widower

Occupation, Porter

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Balto City

Duration of Residence in the City of Baltimore, During life

Place of Death, { Give street and number. } 104 Rabbit Alley

Cause of Death, { First (Primary,) Pneumonia
Second (Immediate,) }

Duration of Last Sickness, 13 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 8th 76

{ *Undertaker,* John G. Williams
Place of Business, 127 Lee St } *Address*

D. R. Hoffman *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 5556

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8556

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, nr sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 8 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 8th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ida Paine

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 2 *Years,* ——— *Months,* ——— *Days.*

Color, Blk

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} Bloom alley & Columbia St

Cause of Death, {First (Primary,) ——— Second (Immediate,) Pneumonia

Duration of Last Sickness, 2 months

All the above information should be furnished by the Physician

Place of Burial, Laurel Cemetery

Date of Burial, March 9th 1876

Undertaker, Saml. W. Chase

Place of Business, S. Howard St

M. D.

~~Medical Attendant~~

Address Commissioner of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Annie Howard friend 3d Barre St [OVER.]

No. 8557

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8557

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 8 1876 BALTIMORE

Date of Death, March 7th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Willam J. Jones

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 23 Years, Months, Days.

Color, White *Sex,* Male

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Printer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Penn

Duration of Residence in the City of Baltimore, Ten years

Place of Death, {Give street and number.} Cor Fayette & Chesnut.

Cause of Death, First (Primary,) Palsy, Cor Consumption

Second (Immediate.)

Duration of Last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, Mt. Carmel Cem. S. H. Cogswell M. D.

Medical Attendant.

Date of Burial, March 8th 76

Undertaker, Henry C. Mears

Place of Business, Gay St. *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No.

Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 8558

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 13 1876 BALTIMORE

Date of Death, March 12th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James Bisten [illegible]

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ____ *Years,* ____ *Months,* 1 [illegible] *Days.*

Color, Colored *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 171 Shirley St

Duration of Residence in the City of Baltimore, 1 day

Place of Death, {Give street and number.} 171 Shirley St

Cause of Death, First (Primary,) Maligmation of Heart (congenital entirely and never saw the child before death.)

Second (Immediate,)

Duration of Last Sickness, immediately after being born

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Mch 9th 1876

Undertaker, Wm P. Dorsey

Place of Business, East St

E. Jos. Wells M. D.

Medical Attendant.

Address 181 E Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 5359

...ll of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8539

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 8 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 7th 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jno. Chas. F. Stroh.

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 7 *Years,* 3 *Months,* — *Days.*

Color, — *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ballo, City

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 35 Ridgely St.

Cause of Death, First (Primary,) Scarlatina Anginosa

Second (Immediate,)

Duration of Last Sickness, Seven days.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, March 9th

Undertaker, H. Brice

Place of Business, Hanover St 81

H. J. H. Tall M. D.
Medical Attendant.

Address 15-8. S. Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 5360

...of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8560

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 8 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 8 — 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Clifton Nicholas

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 12 *Years,* ___ *Months,* ___ *Days.*

Color, Black, *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt City

Duration of Residence in the City of Baltimore, 1 yr

Place of Death, {Give street and number.} 42 Clay St

Cause of Death, First (Primary,) Burn

Second (Immediate,) Meningitis

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Ground

Date of Burial, March 9 1876

Undertaker, John C Gordon

Place of Business, No 63 Park Ave

[illegible] M. D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 1561

...ion of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8561

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE!

HEALTH DEPARTMENT MAR 8 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 7 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John R Prestchett

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 26 *Years,* 3 *Months,* 20 *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 150 Gough St

Cause of Death, {First (Primary,) / Second (Immediate,)} Acute Phthisis

Duration of Last Sickness, one year

All the above information should be furnished by the Physician.

Place of Burial, New Methodist Cemetery

Date of Burial, March 9th 1876

R. W. Mansfield M. D.
Medical Attendant.

Undertaker, Hughes & Co

Place of Business, 65 S Broadway *Address* 117 S Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

OVER.

PHYSICIANS IS RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

No. 8562

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 8 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 8th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Hettie G Mann

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 2 *Years,* 7 *Months,* 8 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth} Baltimore city

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number} 202 S Paca St

Cause of Death, {First (Primary,) Diptheria

{Second (Immediate,)

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, March 9th 1876

Undertaker, Jno. A Hacker

Place of Business, 150 Camden st

A H Henry M. D.
Medical Attendant.

Address 76 S Paca St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 5563

...tion of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

...nit No. 8563

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last Illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 8 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 7th 1876.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Francis Josephus Sleis

Sex, ~~*Male or*~~ *Female,* { Cross out the word not required in this line. }

Age, ( ) *Years,* Two *Months,* *Days.*

Color, White *Sex,* Female

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } No 2 Adam Pl

Cause of Death, { First (Primary,) Convulsions / Second (Immediate,) do

Duration of Last Sickness, Inc. days.

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, March 8th 1876

Medical Attendant. M. D.

{ *Undertaker,* J. S. Mackie / *Place of Business,* 130 Camden st — Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

OVER.

No. 3364

...ion of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

...mit No. 8564

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 8 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 7th 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Herbert Bedford

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 2 *Years,* 7 *Months,* 25 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} # 10 Russell St

Cause of Death, First (Primary,) Scarlet Fever

Second (Immediate,) Scarlet Fever

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Bal Bible

Date of Burial, March 9th

Undertaker, Wm H Lee

Place of Business, 25 Hanover St

Wm Bell M. D.

Medical Attendant.

Address 161 S. Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 5363

Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 8564.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH OFFICE MAR 8 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 8th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Marie Jean Watkins

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 6 *Years,* 1 *Months,* ——— *Days.*

Color, White *Sex,* Female

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, 6 years 1 month

Place of Death, {Give street and number.} No 175 McCulloh St

Cause of Death, First (Primary,) Diphtheria

Second (Immediate,) " Diphtheritic Laryngitis "

Duration of Last Sickness, Four Five days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery Riggin Buchan M. D.

Date of Burial, March 10th 1876 Medical Attendant.

Undertaker, H Kennrich & Sons *Address* 135 N Charles St.

Place of Business, 92 N Howard St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 8366

...ion of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

...mit No. 8366

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 9 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 8 — 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Nancy J West

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 23 — *Years,* — *Months,* — *Days.*

Color, Coloured *Sex,* Female

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, House Keeper

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Oxford Talbot Co Md.

Duration of Residence in the City of Baltimore, 12 years

Place of Death, {Give street and number.} No 543 N Howard St

Cause of Death, First (Primary,) Unknown

Second (Immediate,) Hemorrhage of the Lungs

Duration of Last Sickness, Four days

All the above information should be furnished by the Physician.

Place of Burial, Laurel County

Date of Burial, March 9 — 76

Undertaker, Leighton and Bischoff

Place of Business, 100 Druid Hill Ave Address

D E Rhodes M. D.
Medical Attendant.

By Mullen Jr

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 8567

...of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

...mit No. 8567

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 9 1876 BALTIMORE

Date of Death, March 8th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Stevens

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years,* ... *Months,* 3 *Days.*

Color, White *Sex,* male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore city

Duration of Residence in the City of Baltimore, since born

Place of Death, {Give street and number.} 18 th Regulator

Cause of Death, { First (Primary,) ... Second (Immediate,) Cyanosis

Duration of Last Sickness, since born

All the above information should be furnished by the Physician.

Place of Burial, H Hollins.

Date of Burial, March 11th 76

Undertaker, H Miller,

Place of Business, 144 E Lombard st

Saml S. Dawson M. D.
Medical Attendant.

Address E J N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...ATTENTION is respectfully invited to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8568

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 9 1876 BALTIMORE

Date of Death, March 8th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Depage

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 56 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~. {Cross out the words not required in this line.}

Occupation, Digger

Birthplace, {State or country (and how long in the United States, if of foreign birth)} ~~F~~ Belgium

Duration of Residence in the City of Baltimore, Forty years

Place of Death, {Give street and number} Gough St near Boston

Cause of Death, {First (Primary.) Cancer of pylorus / Second (Immediate,) Exhaustion}

Duration of Last Sickness, One month

All the above Information should be furnished by the Physician

Place of Burial, Bolto Cemetery

Date of Burial, March 8th 1876

Undertaker, Hughes & Co

Place of Business, 65 & 1 Broadway

G. Manville, Jun'r M. D.
Medical Attendant.

Address Balt. & Wash. R.R.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 3069

Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8569

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 9 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 8th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Elmer

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 4 *Years,* 3 *Months,* *Days.*

Color, *Sex,* Fem.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 192 N. Eutaw

Cause of Death, First (Primary,) Scarlet Fever

Second (Immediate,)

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Balto Gem.

Date of Burial, March 10th

R. J. N. Tall M. D.
Medical Attendant.

Undertaker, Wm J. Tiernan

Place of Business, 65 N. Eutaw St

Address 15-8 Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 8570

...of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8570

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 9 1876 BALTIMORE

Date of Death, March 8th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Evelina Low

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 102 *Years,* ——— *Months,* ——— *Days.*

Color, Col'd

~~*Married, Single,*~~ *Widow* ~~*or Widower.*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth)} Talbot Co Md

Duration of Residence in the City of Baltimore, 25 Years

Place of Death, {Give street and number.} 70, East Street

Cause of Death, {First (Primary,) / Second (Immediate,)} Old age

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician

Place of Burial, Laurel Cemetery

Date of Burial, Mch 9th 1876

M. D.

~~*Medical Attendant.*~~

Undertaker, Wm N. Dunge

Place of Business, East St. *Address* Commiss of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Wm N. Dunge undertaker [illegible]

No. 5371

...of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8571

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 9 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 4 P.M. March 8th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Susan Dumbrace

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ( ) *Years,* ( ) *Months,* 21 *Days.*

Color, White *Sex,* female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 238 Eager St.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 238 Eager St.

Cause of Death, First (Primary,) Cyanosis

Second (Immediate,) Eclampsia

Duration of Last Sickness, from birth

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, March 9th 1876

Undertaker, Wm. H. Lancaster

Place of Business. Harford Ave above John *Address*

W. J. Mudd M. D.
Medical Attendant.
189 Eager St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 5572

Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8572

The Physician who attended any person in a last Illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 9 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 9th 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Stella. V. Robertson

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 5 *Years,* 2 *Months,* 13 *Days.*

Color, White *Sex,* Female

Married, Single, ~~Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Abingdon. Virginia

Duration of Residence in the City of Baltimore, Thirty days

Place of Death, {Give street and number.} 133 N Charles St.

Cause of Death, First (Primary,) "Diptheria"

Second (Immediate,) Diptheritic Asthenia

Duration of Last Sickness, Eleven days

All the above information should be furnished by the Physician.

Place of Burial, Oak Hill Cemetery Georgetown

Date of Burial, 10 March

Undertaker, A W Lankins & Son

Place of Business, 16 Light St.

Rufus Bucklew M. D.
Medical Attendant.

Address 135 N Charles St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

(Transit 380)

No. 8573

...Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 8573

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last Illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 9 1876

Date of Death, ~~Methicta~~ 8th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Lucretia Thomas

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, ____ *Years,* 14 *Months,* ____ *Days.*

Color, Black *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 67 N Durham St Balto city

Duration of Residence in the City of Baltimore, 14 months

Place of Death, {Give street and number.} 219 E Baltimore St

Cause of Death, First (Primary,) Inflammation of Brain

Second (Immediate,) Convulsions

Duration of Last Sickness, about 5 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Cemetery

Date of Burial, March 9th 1876

Undertaker, Wm H. Lowe

Place of Business, 50 N Eutaw St

C. J. Ransone M. D.
Medical Attendant.

Address 60 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

No. 3374

...ion of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 85724

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 9 1876 BALTIMORE

Date of Death, March 8th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Eliza Jane Curvill

~~Son, Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 35 *Years,* — *Months,* — *Days.*

Color, White ~~Co.~~

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, all her life

Place of Death, {Give street and number.} No. 61 Holland St.

Cause of Death, First (Primary,) Ph'thisis Pulmonalis

Second (Immediate,) " "

Duration of Last Sickness, One Year

All the above information should be furnished by the Physician.

Place of Burial, ~~Mt Lebanon~~ Bolle Cemetery

Date of Burial, March 10th

E. P. Irons M. D.
Medical Attendant.

Undertaker, Mr Mrs Frey

Place of Business, South W Fayette St Address No. 406 E. Balto. St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...REFERENCE to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8575

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 9 1876 BALTI...

Date of Death, March 8. 1867

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Darcy Burke

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 13 *Years,* *Months,* *Days.*

Color, Colored

~~*Married, Single*~~, *Widow or Widower,* {Cross out the words not required in this line.}

Occupation, Housekeeper

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Fairfax Co. Va.

Duration of Residence in the City of Baltimore, Thirty years

Place of Death, {Give street and number.} 6 Jones Alley

Cause of Death, {First (Primary.) Paralysis. / Second (Immediate,) Cardiac.

Duration of Last Sickness, Many years

All the above information should be furnished by the Physician.

Place of Burial, E. Potters Field

Date of Burial, March 9th 1876

Undertaker, Wm Donovan

Place of Business, 148 S. Central Ave

G. Glanville, Med. D.
Medical Attendant.

Address Exchange Place

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of Illegitimate children.

[OVER.]

...to the remarks below, and to List of Diseases on back of this Certificate.

8576

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8576

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 9 1876 BALTIMORE

Date of Death, March 9th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Rose Morris

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 2 *Years,* 3 *Months,* — *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single (child)

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City Md

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} No 58 S Caroline st Balto Md

Cause of Death, First (Primary,) Pneumonitis

Second (Immediate,)

Duration of Last Sickness, about 6 weeks -

All the above information should be furnished by the Physician.

Place of Burial, Eden St-Cemetery

Date of Burial, May 9 1876

Undertaker, M. Goldsmith

Place of Business, Depot

I Ridgway Andrè M. D.
Medical Attendant.

Address No 121 E Balto st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...Remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8577

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled* to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or ...r, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 9 1876 BALTIMORE

Date of Death, March 7th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Eddie Sewell

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 2 05 *Years,* 4 *Months,* 16 *Days.*

Color, Black *Sex,* Female

Married, ~~Single,~~ *Widow or* ~~Widower~~ {Cross out the words not required in this line.}

Occupation, Servant. Cuts Wash &c

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Chestertown Kent Co Md

Duration of Residence in the City of Baltimore, 3 Years

Place of Death, {Give street and number.} No 2 Jones Alley

Cause of Death, First (Primary,) Apoplexy

Second (Immediate,) Progressive Disease of Heart & Lungs

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Grave Yard

Date of Burial, Friday 10th March

D. H. Condie M. D.
Medical Attendant.

{*Undertaker,* Samuel Chase
Place of Business, Hill & Howard sts

Address Eutaw House
Fayette sts

Extract from Regulations of the Board of Health to secure a true and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...sicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate. No. 3 2 7 5

Board of Health, City of Baltimore,

Permit No. 8878

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 9 1876 BALTIMORE

Date of Death, March 8. 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mrs Anna May Brown

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 73 *Years,* ... *Months,* ... *Days.*

Color, White *Sex,* ...

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany 40 yrs

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number.} 248 N. Carey St.

Cause of Death, {First (Primary,) Apoplexy

{Second (Immediate,) Coma

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, H. of Pleasant Ind.

Date of Burial, March 10. 1876.

{*Undertaker,* Geo. Lafrance

{*Place of Business,* 17 S. Eutaw Street. *Address* 201 W. Biddle St.

Marbury Brewer M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...ATTENTION TO THE REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 8579.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 9 1876 BALTI...

CERTIFICATE OF DEATH.

Date of Death, Mch 9th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Infant of Joseph H Daly & Ida E Daly

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth)} Balto city

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 25 McHenry St

Cause of Death, {First (Primary.) ..... Second (Immediate,) Convulsions.

...ration of Last Sickness, ...

All the above information should be furnished by the Physician.

... of Burial, Mt. Olivet

... of Burial, March 9th

Undertaker, Wm. J. Tribner

Place of Business, 15 S. Eutaw St

J H Cunny M. D.
Medical Attendant.

Address 76 S Paca St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 1550

Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8580,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 9 1876 BALTO.

CERTIFICATE OF DEATH.

Date of Death, March 8th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Alexander Wood

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, Sixty-four *Years,* *Months,* *Days.*

Color, Black *Sex,* Male

Married, ~~Single~~, ~~Widow~~ or Widower, {Cross out the words not required in this line.}

Occupation, Waiter —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number.} No 28 Rose St —

Cause of Death, First (Primary,) —

Second (Immediate,) Acute Tuberculosis

Duration of Last Sickness, Seven Weeks

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, March 10th 1876

Undertaker, Wm S Gray

Place of Business, 63 Mulberry St

D. S. Rowan M. D.
Medical Attendant.

Address 87 Mulberry St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

FILM

...Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. ~~26~~ 8881

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 9 1876

CERTIFICATE OF DEATH.

Date of Death, March 7th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Dorsey

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, 0 *Years,* 7 *Months,* 0 *Days.*

Color, Light Copper *Sex,* Female

~~Married~~, Single, ~~Widow~~ or ~~Widower~~; {Cross out the words not required in this line.} Single

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 7 Months

Place of Death, {Give street and number.} No 61 Oxford st

Cause of Death, First (Primary,) Cold

Second (Immediate,) Pneumonia

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery *B. F. Bihn* M. D.

Medical Attendant.

Date of Burial, March 9th 1876

Undertaker, Wm L Gray *Address* Cor Dolphin & Rose

Place of Business, 65 Madison St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

S·A F E T Y

...REFERENCE INVITED TO THE REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8582

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 9 1876 BALTIMORE

Date of Death, 8th of March 76

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Libman Claus

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 49 *Years,* 6 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Baker

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baden (Country of the Rhine)

Duration of Residence in the City of Baltimore. 6 years

Place of Death, {Give street and number.} 122 S. Broadway

Cause of Death, {First (Primary,) Erysipelas Faciei. Second (Immediate,) Exhaustion

Duration of Last Sickness, 11 Days

All the above information should be furnished by the Physician

Place of Burial St Pauls (Cemetery)

Date of Burial, 9th of March

Undertaker, H. Diffel

Place of Business, 1. Bond St. 151 *Address* 25 E Baltimore

Flather *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

KODAK

Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8583

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 9 1876 BALTIMORE

Date of Death, March 8th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Eliza Armstrong

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 30 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

~~*Married,*~~ *Single,* ~~Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, House Servant

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, about 12 years

Place of Death, {Give street and number.} Mount Hope Hospital

Cause of Death, First (Primary,) Erysipelas

Second (Immediate.)

Duration of Last Sickness, about 8 days

All the above information should be furnished by the Physician.

Place of Burial, ~~Dead~~ Cathedral Cemetery

Date of Burial, March 10th 1876

Undertaker, James D Byrne

Place of Business, No 63 N Eutaw St

Wm H. Stokes. M. D.
Medical Attendant.

Address 141 St Paul St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

...respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8584

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 9 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 8th 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Thomas Moore.

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, One *Years,* & Six *Months,* Eight *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 30 Orleans St.

Cause of Death, {First (Primary,) Bronchitis and Laryngitis. Second (Immediate,)

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, St Patricks Cemetery

Date of Burial, March 10 1876

Undertaker, James D Byrne

Place of Business, No 63 & Front St

Edward J McDevitt. M. D.
Medical Attendant.

Address 137 N. Exeter St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 8585

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 10 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 8th 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Agnes Brooke.

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 10 *Years,* 1 *Months,* *Days.*

Color, White. *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} # 263 West St.

Cause of Death, First (Primary,) Scarlatina Maligna.

Second (Immediate,)

Duration of Last Sickness, 5 days.

All the above information should be furnished by the Physician.

Place of Burial, Met Cathedral

Date of Burial, Mar 10 1876

J. W. White, M. D.
Medical Attendant.

Undertaker, Wm Naylor

Place of Business, Sharp & Hamburg *Address* # 845 W. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

85-86

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8586

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 10 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 9th March 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Edward Shamuro

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 15 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 3 Brune South

Cause of Death, First (Primary,) Scarlet fever

Second (Immediate.) Coma

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, St Peters C.

Date of Burial, March 10

Undertaker, J. B. Blackistone & Son

Place of Business, 66 Batt St

M. Brewer M. D.

Medical Attendant.

Address 20 Biddle St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8587

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 10 1875 BALTIMORE

Date of Death, 8th March 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Ellen & Julius ...

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 10 Minutes *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} No 106 Ridgely St

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 106 Ridgely St

Cause of Death, First (Primary,) the

Second (Immediate,) Atelectasis Pulmonum

Duration of Last Sickness, 10 Minutes

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, March 10th

Undertaker, Wm. J. Tickner

Place of Business, 66 S. Eutaw st

Thos. F. Owen, M. D.
Medical Attendant.

Address No 23 S. Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...pecially invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8588

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 10 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 10.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Irma Brooke

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 2. *Years,* 7. *Months,* — *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 359 Sharp St

Cause of Death, First (Primary,) —

Second (Immediate,) Scarlatina

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral *Gf* Gordon Coale M. D.

Date of Burial, March 10th Medical Attendant.

Undertaker, Julius Kahler

Place of Business, Cor Sharp & Conway Sts *Address* 146 W Conway St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8589

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 10 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 9th 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Elizabeth Nolla

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 1 *Years,* 6 *Months,* 18 *Days.*

Color, *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 290 Bross St,

Cause of Death, First (Primary,) Convulsions

Second (Immediate,)

Duration of Last Sickness, 12 hours

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cemetry R. J. H. Tall M. D.

Date of Burial, March 11th Medical Attendant.

Undertaker, H Brill

Place of Business, Hennetta st 81 *Address* 15 & Sharp St,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of Illegitimate children.

[OVER.

...below, and to LIST of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8590

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

MAR 10 1876

Date of Death, March 9. 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Henry Parker,

Sex, Male or ~~Female,~~ {Cross out the word not required in this line.}

Age, 3 *Years,* 4 *Months,* 8 *Days.*

Color, Mulatto — *Sex,* Male —

Married, Single, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, During life —

Place of Death, {Give street and number.} 12 Brewer Alley,

Cause of Death, First (Primary,) Pulmonis,

Second (Immediate,) Pneumonitis,

Duration of Last Sickness, Ten days

All the above information should be furnished by the Physician.

Place of Burial, Druid Cemetery

Date of Burial, March 10.....1876

Undertaker, John C Gordon

Place of Business, No 63 Park ave

J. S. Ingle M. D.
Medical Attendant.

Address 247 Lawvale St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8596

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 10 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 9th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ella James Bond

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Years, 8 Months, 2 8. Days.

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Infant

Occupation, home

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} S. E. Corner Madison & Broadway

Cause of Death, First (Primary,) Scarlet Fever.
Second (Immediate,)

Duration of Last Sickness, 7 Days.

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemy

Date of Burial, March 11th 76

Undertaker, Thos E Hughes *Address*

Place of Business, 160 E Balto

C. J. Cockill M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

PHYSICIANS IS RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8592

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 10 1876 BALTIMORE

Date of Death, Baltimore March 7th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Arthur Stewart

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Sixty Three *Years,* *Months,* *Days.*

Color, Colored

Married, ~~Single~~, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Labourer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Residence

Place of Death, {Give street and number.} No 759 Hughes St

Cause of Death, {First (Primary,) Exhaustion

{Second (Immediate,) Renal Degeneration

Duration of Last Sickness, Three days

All the above information should be furnished by the Physician

Place of Burial, Laurel Cemetery

Date of Burial, March 10 76

Undertaker, S W Shaw

Place of Business 1918 Monument

L. D. Dyer *M. D.*
Medical Attendant.

Address No. 146 Hill St
Baltimore Md

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8593

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 10 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 9th.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Cecilia Alsop

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 38 *Years,* — *Months,* — *Days.*

Color, Black *Sex,* Female

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 30. Years

Place of Death, {Give street and number.} 139 Leland St

Cause of Death, {First (Primary,) Phthisis

Second (Immediate,)

Duration of Last Sickness, 4 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery *Sherwood Boyle* M. D.

Medical Attendant.

Date of Burial, March 10 76

Undertaker, S. McClure

Place of Business, 146 Hanover St *Address* 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8594

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 10 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Evening of March 8th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Peter Gallagher

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 50 *Years,* ——— *Months,* ——— *Days.*

Color, White *Sex,*

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 3 Months

Place of Death, {Give street and number.} 35 Market Space

Cause of Death, First (Primary,) Intemperance.

Second (Immediate,) ~~Apoplexy~~

Duration of Last Sickness, 24 hours

All the above information should be furnished by the Physician.

Place of Burial, E Potters Field

Date of Burial, March 10 1876

Undertaker, M. Donovan

Place of Business, 148 S. Central Ave

Charles H. Thomas M. D.
Medical Attendant.

Address ~~F E~~ Baltimore Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...SICIAN is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8595

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 10 1976 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Nancy Carr

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 101 *Years,* — *Months,* — *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, unknown

Birthplace, {State or country (and how long in the United States, if of foreign birth} Maryland

Duration of Residence in the City of Baltimore, 15 years

Place of Death, {Give street and number} 159 York St.

Cause of Death, {First (Primary,) Old Age / Second (Immediate,) Erysipelas

Duration of Last Sickness, 1 Wk.

All the above information should be furnished by the Physician

Place of Burial, W. Potters Field

Date of Burial, March 10 1876

M. D.

Undertaker, M. H. C. Perry

Place of Business, 448 W Pratt St *Address* Commiss of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Informal on 4 persons living with her [over.]

...respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8596

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 9th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lydia Barney

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 25 *Years,* — *Months,* — *Days.*

Color, Black *Sex,* Female

~~*Married*~~, *Single*, ~~*Widow* or *Widower*~~, {Cross out the words not required in this line.} Single

Occupation, Cook

Birthplace, {State or country (and how long in the United States, if of foreign birth.} St Mary's Co. Md.

Duration of Residence in the City of Baltimore, 9 Yrs.

Place of Death, {Give street and number.} 55 Cohen Alley

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate,) Hemorrhage from Lungs

Duration of Last Sickness, About one year

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, March 10th 1876

Eugene F. Cordell M. D.
Medical Attendant.

Undertaker, Wm Jones Jr.

Place of Business, 65 Hanover St Address 55 Lexington St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 1

PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8597.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 10 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 9th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Edward Ryan

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 46 *Years,* — *Months,* — *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line}

Occupation, Huckster

Birthplace, {State or country (and how long in the United States, if of foreign birth} Ireland

Duration of Residence in the City of Baltimore. 26 Years

Place of Death, {Give street and number} 23 Abey Alley

Cause of Death, {First (Primary,) Phthisis Pulmonalis
Second (Immediate,)

Duration of Last Sickness, Two Years

All the above information should be furnished by the Physician

Place of Burial, Cath Cem'y

Date of Burial, March 11th 1876

Undertaker, Jas. F. Byrne

Place of Business, 5 Gn Liberty St

Geo. W. Benson M. D.
Medical Attendant.

Address 144 Hanover St City

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8598

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTERED
MAR
10
1876
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, March 9th 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James Sheldon.

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 85 *Years,* *Months,* *Days.*

Color, *Sex,* Male —

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Shoemaker

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland.

Duration of Residence in the City of Baltimore, 75 years.

Place of Death, {Give street and number.} 135 Bond St.

Cause of Death, First (Primary,) —

Second (Immediate,) Old age —

Duration of Last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet R. J. H. Tall M. D.

Date of Burial, March 11th 1876 Medical Attendant.

Undertaker, Armstrong & Denny *Address* 158 S. Sharp St.

Place of Business, 263 Light St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8599

HEALTH DEPARTMENT 1876 BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ~~immediately filled out~~, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 10th March 1876

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Anna M. Simpson

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 58 *Years,* —— *Months,* —— *Days.*

Color, white *Sex,* Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Widow

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore Md

Duration of Residence in the City of Baltimore, During life time

Place of Death, { Give street and number. } 216 Druid Hill Avenue

Cause of Death, { First (Primary,) Phthisis Pulmonalis
Second (Immediate,) }

Duration of Last Sickness, Several Years

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, March 12th /76

C. H. Jones M. D.
Medical Attendant.

{ *Undertaker,* J. H. Hoover
Place of Business, #22 W. Fayette Address 22-5-38 W Fayette

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8600

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

MAR 11 1876 BALTIMORE

Date of Death, March 10 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Johana Maher

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 28 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, a Sister

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore. 3 Months

Place of Death, {Give street and number.} (17) 17 Constitution Ld

Cause of Death, {First (Primary,) Cold

{Second (Immediate,) Consumption

Duration of Last Sickness, 7 Mos.

All the above information should be furnished by the Physician

Place of Burial, Holy Cross

Date of Burial, Mar 12 1876

Undertaker, Jas Boyce

Place of Business, Frankfort.

Address Comm. of Health

M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children

Information from her Bro. Dennis Maher

[OVER.]

...ases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8601

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. MAR 11 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 10th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Miss Georgianna Cooper.

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 28 *Years,* 2 *Months,* *Days.*

Color, White *Sex,* Female

~~Married~~, *Single,* ~~Widow~~ *or* ~~Widower~~, {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Norfolk Va.

Duration of Residence in the City of Baltimore, 10 yrs.

Place of Death, {Give street and number.} 6 Russel St. alley.

Cause of Death, {First (Primary,) Pneumonia, Ulcerative,
Second (Immediate,)

Duration of Last Sickness, 2 days.

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, March 12th

Undertaker, Wm J. Tickner

Place of Business, 65 S. Tickner

L. G. Hildebrin M. D.
Medical Attendant.

Address 398 W. Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...Diseases on back.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8602

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 11 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 10th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Walter Bendann

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 1 *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto -

Duration of Residence in the City of Baltimore, 3 years

Place of Death, {Give street and number.} 640 Lexington

Cause of Death, First (Primary,) Scarlet Fever

Second (Immediate,)

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Chat. Shalom

Date of Burial, March 12th

F. E. Shaland Jr M. D.
Medical Attendant.

Undertaker, Wm J. Tickner

Place of Business, 65 S. Eutaw st *Address* 114 Park Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 8603

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 11 1876 BALTIMORE

Date of Death, March 10th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Anna Grossbard,

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 4 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 2 Years

Place of Death, {Give street and number.} 12 Harrison St

Cause of Death, {First (Primary,) Phthisis Pulmonalis

Second (Immediate.)

Duration of Last Sickness, 3 years.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery John J. Ritz M. D.

Date of Burial, March 12 Medical Attendant.

Undertaker, Jos. Bails

Place of Business, 61 Harrison St. *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...ATTENTION is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 86 024

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to **the undertaker** or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 11 1876 BALTIMORE

Date of Death, March 18th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Margaret Gaff

Sex, ~~Male~~, *Female,* {Cross out the word not required in this line.}

Age, 69 *Years,* *Months,* *Days.*

Color, White.

~~Married~~, ~~Single~~, *Widow,* ~~Widower~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany.

Duration of Residence in the City of Baltimore, Forty Years.

Place of Death, {Give street and number.} 171 S. Durham St.

Cause of Death, {First (Primary,) Bronchitis

{Second (Immediate,)

Duration of Last Sickness, Two weeks.

All the above information should be furnished by the Physician

Place of Burial Baltimore Cemetery

Date of Burial, 12th day of March

{*Undertaker,* Francis Cramer

{*Place of Business* 219 Canton Avenue

A. F. Esich M. D.

Medical Attendant

Address 94 S. Broadway.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8605.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 11 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 10th 1876

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Inga Butler,

Sex, Male or Female, { Cross out the word not required in this line. } .....

Age, 4 *Years,* 6 *Months,* *Days.*

Color, Light Mulatto, *Sex,* .....

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, ...

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore.

Duration of Residence in the City of Baltimore, All her life

Place of Death, { Give street and number. } 45 Low Col. Scott Town,

Cause of Death, { First (Primary,) Scrofula, Second (Immediate,) Cachexia,

Duration of Last Sickness, Two months,

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cem. Baltimore.

Date of Burial, March 11th 1876

M. D.
Medical Attendant.

{ *Undertaker,* John A. Lorenz. *Address* 61 Madison Avenue
{ *Place of Business,* 63 Park Av.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 8606

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 10 [illegible]

Full Name of Deceased, {Write legibly and spell correctly. If no infant nnt named, give oames of parents.} Rudolph Wunderlich

Sex, Male or ~~Female~~, {Cross nut the word not required in this fine.}

Age, 61 *Years,* *Months,* *Days.*

Color, white

Married, ~~Single, Widow~~ or Widower, {Cross ont the wor is not required to this line.}

Occupation, Cabinet-maker

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany 9 years in U S

Duration of Residence in the City of Baltimore, 8 5 years

Place of Death, {Give street and number.} Cor Hanover & Ulen alley

Cause of Death, {First (Primary.) Suicide by} {Second (Immediate,) hanging}

Duration of Last Sickness,

All the above information should be furnished by the Physician

Place of Burial, Western Cemetery

Date of Burial, March 11 1876

Emm Schwalbe M. D.
Medical Attendant.

{*Undertaker,* Aug Fischer
{*Place of Business,* 353 N. Hamburg St

Address Coroner B. C. D

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children

[OVER.]

...below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8607

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPT. MAR 11 1876 BALTIMORE

Date of Death, March 11. 76

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jacob Messersmith.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, 5-2 *Years,* 2 — *Months,* 10 — *Days.*

Color, White *Sex,* Indian

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.} Married.

Occupation, Baker

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany, in Birdenkopf

Duration of Residence in the City of Baltimore, From Boyhood

Place of Death, {Give street and number.} 125 Penna Ave

Cause of Death, First (Primary,) Burn

Second (Immediate,) Exhaustion

Duration of Last Sickness, 4 Days.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetary

Date of Burial, March 11th 1876

W. M. Kunk M. D.
Medical Attendant.

{*Undertaker,* Andrew Gey
Place of Business, 118 Druid Hill } *Address* 55 N. Spring St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2.—And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...ions on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 8608

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 11th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Michael McLaughlin

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 23 *Years,* *Months,* *Days.*

Color, Wht *Sex,*

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Seaman

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Union Hospital

Cause of Death, {First (Primary,) Pneum of Right Lung
Second (Immediate,) Pneum of Left Lung.

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, St. Patricks Cem T. Ansby

Date of Burial, March 12 1876

Undertaker, H. M. Gebmeyer *Address* Union Hospital

Place of Business, Canton Ave

M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Certificate No. 8609

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 11th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Alonzo Churchill

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 30 *Years,* — *Months,* — *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Connecticut

Duration of Residence in the City of Baltimore, About 20 years

Place of Death, {Give street and number.} 343 Penn: Av.

Cause of Death, (First (Primary,) Disease of Spine Cord from infancy
(Second (Immediate,) Chronic Diarrhea

Duration of Last Sickness, The disease commenced in infancy & ended at death

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemt

Date of Burial, March 13th 1876

E Gover Cox M. D.
Medical Attendant.

Undertaker, Jacob Weaver

Place of Business, 346 Druid Hill Ave

Address 512 W Balto St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

...ertificate.

Board of Health, City of Baltimore,

Permit No. 8610

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 11 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Margaret Bridens

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 55 *Years,* *Months,* *Days.*

Color, *Sex,*

Married, ~~*Single,*~~ ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, House Keeper

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 32 St Clement St

Cause of Death, {First (Primary,) Uterine tumor
Second (Immediate,) Ascites

Duration of Last Sickness, About the year.

All the above information should be furnished by the Physician.

Place of Burial, Old Cemetery

Date of Burial, March 13th 1876

Undertaker, Jacob Keener

Place of Business, 4 & 6 Druid Hill Avenue

H. M. Wilson M. D.
Medical Attendant.

Address 287 Madison Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 8611 .

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 10th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George Knight

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 78 — *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, ~~Single, Widow~~ or Widower, {Cross out the words not required in this line.}

Occupation, Cigar Maker

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Five Years

Place of Death, {Give street and number.} 124 Patapsco St.

Cause of Death, First (Primary,) Pneumonia

Second (Immediate,)

Duration of Last Sickness, Ten days

All the above information should be furnished by the Physician.

Place of Burial, Woodstock Harford County

Date of Burial, March 12th 1876

John Neff M. D.
Medical Attendant.

Undertaker, J B Cook

Place of Business, No 707 E. Balt St Address 558 N. Eighth St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

(Transcript 382)

...Directions on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 8612

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. MAR 11 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 10th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lawrence Brown

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 5 *Years,* 8 *Months,* *Days.*

Color, White *Sex,*

~~*Married*~~, *Single, Widow or Widower* {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 661 W. Baltimore St

Cause of Death, First (Primary,) Scarlet Fever

Second (Immediate,) Congestion & Oedema of Lungs

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, F. H. Petersham

Date of Burial, March 11th

Undertaker, J. B. Blackiston & Son

Place of Business, 606 W. Balt. St *Address*

Jno. Neff *M. D.*
Medical Attendant.

506 W. Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8613

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 10th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Hettie Moore

Sex, Male or Female, {Cross out the word not required in this line.} 5 Days.

Age, 1 Years, 6 Months,

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth} Baltimore City

Duration of Residence in the City of Baltimore, Infant

Place of Death, {Give street and number} 458 Portland st

Cause of Death, {First (Primary,) Second (Immediate,)} Scarletina Anginosa

Duration of Last Sickness, Six days

All the above information should be furnished by the Physician

Place of Burial, Mt. Olivet Cemetery

Date of Burial, March 12th 1876

Undertaker, Wm Frey. *Address* 90 Hanover st

Place of Business, N. Broadway

Henry Stitt M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comee under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Certificate No. 8614

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 11 1895 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 9th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Gusthaps

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 22 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Seaman

Birthplace, {State or country (and how long in the United States, if of foreign birth.} ——

Duration of Residence in the City of Baltimore, ——

Place of Death, {Give street and number.} Univ. Hospital Lombard St.

Cause of Death, First (Primary,) Pneum of Right Lung

Second (Immediate,) Pneum of Left Lung

Duration of Last Sickness,

All the above Information should be furnished by the Physician.

Place of Burial, F. C. Field

Date of Burial, March 10th

Undertaker, M M & Penn

Place of Business, 148 N Paca St

T. A. Ashby M. D.
Medical Attendant.

Address Univ. Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...PERSONS IS RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8115

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 11 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 11 March 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Patrick

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Years, 4 Months, Days.

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Foundling

Duration of Residence in the ~~City of Baltimore~~ Institution 2 weeks

Place of Death, {Give street and number.} St Vincents Infant Asylum

Cause of Death, First (Primary,) Congenital Syphilis

Second (Immediate,) Convulsions

Duration of Last Sickness, 24 hours

All the above information should be furnished by the Physician

Place of Burial, Cathedral Cemetery

Date of Burial, March 12 1876

Medical Attendant, Marion Brown M. D.

Undertaker, Saml Bourgeois

Place of Business, Institution Address 201 W. Biddle St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8616

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 11 1876 BALTIMORE

Date of Death, March 11th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Theresa Ott

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 18 *Years,* 1 *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Chamber Maid

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, all her life

Place of Death, {Give street and number.} Balto 89 Saratoga St

Cause of Death, First (Primary,) Exposure & cold

Second (Immediate,) imbedded expectoration, Pneumonia

Duration of Last Sickness, ~~Same~~ one week

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetary

Date of Burial, March 12. 3 Oclock.

Undertaker, Henry Meyer

Place of Business, 106 W. Howard St Address

W. R. Smith M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

T Y ▲ F I L M

...of diseases on back of this certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8617

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEPT. OF HEALTH MAR 11 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 10 — 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lillie Ruckling

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Years, 6 Months, 18 Days.

Color, W *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 204 Preston st

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 204 Preston st

Cause of Death, First (Primary,)

Second (Immediate,) Pneumonia

Duration of Last Sickness, about a week

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, 12 March 1876

C Hinkle M. D.
Medical Attendant.

Undertaker, C Wiegand

Place of Business, 53 Druid Hill Ave *Address* 23 W. Cullod st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

D A K S A F E

Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8618

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTRAR
MAR
11
1876
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 10th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Benson

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, ... *Years,* ..... *Months,* 6 *Days.*

Color, Negro *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Gilbert St. No 18 Baltimore City

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number.} Gilbert St. No 18

Cause of Death, { First (Primary,) Malformation and obstructions.
Second (Immediate,) of the bowels

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 11th 1876

Undertaker, Fredk Namuth

Place of Business, Saratoga & Pobblestreets

H. N. Shultz M. D.
Medical Attendant.

Address No 11 S. Arlington ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it is further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8619

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 11 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 11th March 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lottie Gayle Smith

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, *Years,* 6 *Months,* *Days.*

Color, White *Sex,*

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 6 months

Place of Death, {Give street and number.} 29 S. Broadway

Cause of Death, First (Primary,) Tubercular Consumption

Second (Immediate,)

Duration of Last Sickness, One month

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, March 12th

Undertaker, R. A. S. Bevans

Place of Business, 251 Baltimore

Wm. L. Smith M. D.
Medical Attendant.

Address Broadway & Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 8620

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

MAR 11 1876 BALTIMORE

Date of Death, March 10th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Ann

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, Years, 1 7 Months, Days.

Color, White *Sex,* Female

~~*Married*~~, *Single*, ~~*Widow or Widower*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ct County, St. Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 250 W Lombard

Cause of Death, First (Primary,) Congestion of brain, result of whooping cough.

Second (Immediate,) Convulsions.

Duration of Last Sickness, 11 hours

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, March 11th 1876

Undertaker, James P. Byrne

Place of Business, No 63 N Frent St *Address*

Richard T Lyons M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...ness, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8121

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ~~accurately filled out~~, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of such deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 12 1876 BALTIMORE

Date of Death, March 10th 1876 6.30 P.M.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jane Kahn

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 4 *Years,* 6 *Months,* 8 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} State of New York

Duration of Residence in the City of Baltimore, One Year

Place of Death, {Give street and number.} 60 S. Central Ave

Cause of Death, First (Primary,) Diphtheria

Second (Immediate,) (This patient was visited & could be a Druggist per Court to the day of his death.

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Eben H Hebrew Cemetery

Date of Burial, March 12th 1876

Undertaker, Wm Eilau

Place of Business, 101 Gough St

A Longshore M. D.

Medical Attendant.

Consulting Physician S. J. R. Andre

Address 117 & 121 E Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

...Reverse of Diseases on Back of This Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

MAR 12 1876

Permit No. 8622

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 11 March 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Tyler Mentzer

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 61 *Years,* *Months,* *Days.*

Color, Light Brown *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} a widower

Occupation, General Gardner

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Cambridge Maryland

Duration of Residence in the City of Baltimore, 7 weeks

Place of Death, {Give street and number.} 43 Jefferson St

Cause of Death, First (Primary,) Consumption

Second (Immediate,) a couple days

Duration of Last Sickness, two days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Sunday 12th inst

Undertaker, J. H. Brown

Place of Business, 101 East St.

J. E. Shultz M. D.
Medical Attendant.

Address 211 Aisquith

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...ease to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 8623.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 12 1876 BALTIMORE.

Date of Death, March 11th 76.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Ruth Hobbs,

Sex, ~~Male or~~ *Female,* { Cross out the word not required in this line. }

Age, 73 *Years,* 6 *Months,* *Days.*

Color, White, *Sex,*

~~Married, Single~~, *Widow* ~~or Widower~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Howard Co Md.

Duration of Residence in the City of Baltimore, 28 years.

Place of Death, { Give street and number. } 514 Saratoga St,

Cause of Death, { First (Primary,) Old Age,
Second (Immediate.)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem.

Date of Burial, March 13th 1876

{ *Undertaker,* Wm Peale Keener
Place of Business, No 486 Druid Hill Ave

Wm. H. Frazier M. D.
Medical Attendant.

Address 273 Lexington Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

oard of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 8624

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 11th Mar, 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sterling W. Parham

~~*Sex*~~, *Male or* ~~*Female*~~, {Cross out the word not required in this line.}

Age, 22 *Years,* 3 *Months,* *Days.*

Color, black

~~*Married*~~, *Single,* ~~*Widow or Widower.*~~ {Cross out the words not required in this line.}

Occupation, Waiter

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Richmond Va. 5 Years

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 47 Church St

Cause of Death, {First (Primary,) / Second (Immediate,)} Pulmonary Consumption

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 12th 76

{*Undertaker,* Jno B. Williamson / *Place of Business,* 187 Lee St}

A. W. Woods M. D.
Medical Attendant.

Address 207 Hanover St Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...ses on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT RECEIVED MAR 12 1876

Permit No. 8125

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 12 March 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George Steinhman

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 35 Years, . Months, . Days.

Color, white *Sex,* male

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Shoemaker

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 20 years

Place of Death, {Give street and number.} 20 Mattison

Cause of Death, {First (Primary,) / Second (Immediate,)} Phthisis.

Duration of Last Sickness, 6 2 months

All the above information should be furnished by the Physician.

Place of Burial, Lutheran Burial Ground in Druid Hill Park

Date of Burial, March 13th/76

Undertaker, Geo. Schilling

Place of Business, Cor Kingsmith & Monument St *Address* 57 Aisquith St.

C Steinmann M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 8126

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH OFFICE MAR 13 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 8 P.M. 12th March, 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Louis Schreible

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Two *Years,* One *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Two years & one Month

Place of Death, {Give street and number.} 22 Druid Hill avenue

Cause of Death, First (Primary,) Burned

Second (Immediate,) Convulsions

Duration of Last Sickness, about 2 hours - Body on him one

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cem. West. Prob. *M. D.*

Date of Burial, March 13th 1876 Medical Attendant.

Undertaker, Jacob Frazer

Place of Business, 416 Lombard *Address* 83 Franklin St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 8627.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 13 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 11th 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Martha Hittner

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, — *Years,* — *Months,* 2 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 193 Pierce Street

Cause of Death, First (Primary,) —

Second (Immediate,) Congestion

Duration of Last Sickness, a few hours

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, March 13 1876

Undertaker, L. B. Cook

Place of Business, 707 Water St

M. D.

~~Medical Attendant.~~

Address Commiss of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Susan Hunter Midwife

[OVER.]

Board of Health, City of Baltimore,

No. 8128

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 13 1876 BALTIMORE

Date of Death, March 11th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Milton A. Taylor Kirby

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ~~12~~ *Years,* 12 *Months,* 2 *Days.*

Color, White *Sex,* Male

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 186 North Central Avenue

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 186 North Central Avenue

Cause of Death, {First (Primary,) Catarrh and Teething / Second (Immediate.) Meningitis

Duration of Last Sickness, About Three week

All the above Information should be furnished by the Physician.

Place of Burial, Baltimore Comet

Date of Burial, March 13/76

Undertaker, Wm. H. McKnight

Place of Business, No 234 Jay st

Milton A. Taylor M. D.
Medical Attendant.

Address 100 North Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

No. 8629

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 13 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 12 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Stephen Allen Chase

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Years, 1 Months, 16 Days.

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore. Md

Duration of Residence in the City of Baltimore. Since birth

Place of Death, {Give street and number.} No 10 Warren St.

Cause of Death, First (Primary.) Pertussis

Second (Immediate,) Inanition

Duration of Last Sickness, Since birth

All the above information should be furnished by the Physician

Place of Burial, Greenmount Cemetery

Date of Burial, March 13th 1876

Undertaker, M. A. Daiger

Place of Business, 74 S. Broadway

A. W. Dodge M. D.

Medical Attendant.

Address 201 Hanover St

Baltimore Md

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8630

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 12 1876 BALTIMORE

Date of Death, March 12 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jane Wolf

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 65 *Years,* 11 *Months,* 8 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 55 Years

Place of Death, {Give street and number.} 122 E. Central Avenue Cor Bryk

Cause of Death, First (Primary,) Heart disease

Second (Immediate,) Apoplexy of Brain

Duration of Last Sickness, Since March 5th 1876

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, March 15th 1876

Undertaker, M. A. Daiger

Place of Business, 4 & 8 Bro

James E. Linville M. D.
Medical Attendant.

Address 118 E. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

...of Diseases on Back of This Certificate.

Board of Health, City of Baltimore,

No. 8131

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 13 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 11th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Rachel Ann Duffy

Sex, ~~Male~~ *Female,* {Cross out the word not required in this line.}

Age, 8 5. *Years,* *Months,* *Days.*

Color, White *Sex,* Female

~~Married, Single~~ *Widow or* ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, all her life - over 75 yrs

Place of Death, {Give street and number.} Baltimore 218 E Monument St

Cause of Death, First (Primary,) old age

Second (Immediate,) Paralysis

Duration of Last Sickness, one day

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, March 13th/76

Wm. H. Wilkes M. D.
Medical Attendant.

Undertaker, Geo Schilling

Place of Business, cor Virginia & Monument *Address* 141 S. Paca St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...of this certificate.

Board of Health, City of Baltimore,

No. 8632

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 13 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 11th March 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Milton Whitfield Tucker

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 3. *Years,* *Months,* 2 1 *Days.*

Color, *Sex,*

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, 3 years & 21 days

Place of Death, {Give street and number.} 394 E. Eutaw st

Cause of Death, First (Primary,) Scarlet Fever

Second (Immediate,) Broncho Pneumonia

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, March 14th 76

Wm. H. Russell M. D.
Medical Attendant.

Undertaker, Geo. Schilling

Place of Business, cor Aisquith & Monument

Address Broadway & Madison sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...of this CERTIFICATE.

...oard of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

...t No. 8653,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 13 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 12, 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wilhelmine [redacted] Hemmle

Sex, ~~Male~~ *Female,* {Cross out the word not required in this line.}

Age, 26 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth)} Germany

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} Cor. E. Monument & Front

Cause of Death, {First (Primary,) Second (Immediate,)} Pneumonia

Duration of Last Sickness, One Day

All the above Information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, 13 of March

Undertaker, E. Schlenker

Place of Business, 14 East Fayette

M. D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 8634

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 11th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wm Detlef Timm

Sex, Male or Female, {Cross out the word not required in this line,} Male

Age, 1 *Years,* 7 *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. City Md

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 398 Eastern Ave,

Cause of Death, First (Primary,) Accidentally

Second (Immediate,) Burned

Duration of Last Sickness,

All the above information should be furnished by the Physician

Place of Burial, Mount Connel.

Date of Burial, May 13th 76

Undertaker, E. Schlenker

Place of Business, 214 E. Eutaw

R. C. Lee M. D.
~~Medical Attendant~~ Coroner 3d Dist.

Address Hanover & Barre Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...ases on Back of this Certificate.

Board of Health, City of Baltimore,

...r. No. 8635

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 13 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 11. 76

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Katharina Schuster

~~Sex. Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 33 *Years,* 8 *Months,* 11 *Days.*

Color, ~~White~~ *Sex.* female

Married, ~~Single,~~ ~~Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 7 Years.?

Place of Death, {Give street and number.} 303 E. Madison str.

Cause of Death, First (Primary,) Inflam. of Pleura

Second (Immediate.) Asphyxia

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Mt. Carmel Cemetery

Date of Burial, 13 March.

Dr. Zuborawitz M. D.
Medical Attendant.

Undertaker, Wendelin Dippel

Place of Business, 150 S. Bond St. *Address* 134 W Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...SEE NOTICE OF DISEASES ON BACK OF THIS CERTIFICATE.

...oard of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 8636

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Mch 11 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Katie Swann

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 2 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 10 Watson Street

Cause of Death, {First (Primary,) Premature Birth
Second (Immediate,) Asthenia

Duration of Last Sickness, all its life

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Mch 13 1876

Undertaker, Parents

Place of Business,

Address Commiss of Health

M. D.

Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Sarah Casper Midwife

[OVER.]

...of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 8637

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

MAR 15 1876

Date of Death, March 12 - 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lester N McCready

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, *Years,* *Months,* Forty two *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} No 186 Madison st

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number.} No 186 Madison st

Cause of Death, {First (Primary,) Inanition

Second (Immediate,) During life

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, March 13 1876

Undertaker, McCaull Bros

Place of Business, Saratoga st

D R Ryan *M. D.*
Medical Attendant.

Address 89 Madison st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8638

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 13 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 12th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Araminta Fenby

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 23 *Years,* ——— *Months,* ——— *Days.*

Color, Blk

Married, ~~Single, Widow or Widower~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth)} Kent Co Md

Duration of Residence in the City of Baltimore, 5 Years

Place of Death, {Give street and number} 50 Moores Alley

Cause of Death, {First (Primary,) Cold
Second (Immediate,) Consumption

Duration of Last Sickness, 6 Months

All the above information should be furnished by the Physician

Place of Burial, Laurel Cemetery

Date of Burial, March 13th 1876

Undertaker, Wm. L. Gray

Place of Business, Melberry St

M. D.

~~Medical Attendant~~

Address Commrs of Health & Physician

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Wm Las Gray Undertaker

[OVER.]

...this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 8139

The Physician who attended any person in a last Illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 13 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 11th 1876

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } James William Rodgers

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, One *Years,* 7 *Months,* *Days.*

Color, Colored *Sex,* Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } 29 Pleasant Alley

Duration of Residence in the City of Baltimore, One year 7 month

Place of Death, { Give street and number. } 90 Stirk St

Cause of Death, { First (Primary,) Base / Second (Immediate,) Meningitis

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 13th 1876

Undertaker, Wm F Gray

Place of Business, 65 Hadley St

D. A. Collins M. D.
Medical Attendant.

Address 20 N. Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...is Certificate.

Board of Health, City of Baltimore,

No. 8640

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last Illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 13 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 10/76

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Dagger

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ____ *Years,* 6 *Months,* ____ *Days.*

Color, Colored *Sex,* ____

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ____

Occupation, ____

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Carroll Co. Md

Duration of Residence in the City of Baltimore, ____

Place of Death, {Give street and number.} 57 Little Monument St.

Cause of Death, First (Primary,) Dentition

Second (Immediate,) ____

Duration of Last Sickness, about three weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 14th 1876

Undertaker, Wm Chas Gray

Place of Business, 68 Hillsboro St.

H. P. Thompson *M. D.*
Medical Attendant.

Address 41 Orchard St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 8641

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 13 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 11th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Richard Oliver

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 23 *Years,* *Months,* *Days.*

Color, Mulatto *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Carroll Co Md

Duration of Residence in the City of Baltimore, 15 years

Place of Death, {Give street and number.} 19 Linden St

Cause of Death, {First (Primary,) Consumption

Second (Immediate,)

Duration of Last Sickness, 12 Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, 13th March

C Harrison M. D.
Medical Attendant.

{*Undertaker,* P. Kimmel.

{*Place of Business,* 317 Baltimore St. *Address* 23 McCulloch

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 8642

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 13 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 12. 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Anna E. Rogers.

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female.

Age, ——— *Years,* 1 *Months,* 21 *Days.*

Color, White *Sex,* Female.

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.} Single.

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 10 N. Lombard St.

Cause of Death, First (Primary,) Marasmus.

Second (Immediate,)

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, March 13th 1876

Undertaker, Jacob Muller

Place of Business, 21 Harrison St.

Jno. T. Powell, M. D.
Medical Attendant.

Address 72 E. Pratt St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...this Certificate.

Board of Health, City of Baltimore,

No. 8613

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last Illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 13 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 12th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Miles White

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 83 *Years,* 6 *Months,* 18 *Days.*

Color, W *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Capitalist

Birthplace, {State or country (and how long in the United States, if of foreign birth.} North Carolina

Duration of Residence in the City of Baltimore, 27 years

Place of Death, {Give street and number.} 36 Shank st

Cause of Death, First (Primary,) —

Second (Immediate,) Congestion of Stomach & Kidneys

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Green Mt City

Date of Burial, 14th March 1876

C Winslow M. D.
Medical Attendant.

Undertaker, Hy N. Jenkins & Son

Place of Business, 16 Light St *Address* 23 McCulloh st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of Illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 8644

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 13 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 12th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Harriet Brewer

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 49 *Years,* 7 *Months,* *Days.*

Color, White *Sex,*

~~Married~~, *Single,* ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Sister of the Poor

Birthplace, {State or country (and how long in the United States, if of foreign birth.} London, England: 2 yrs & 6 mos in U.S.

Duration of Residence in the City of Baltimore, 2 years & 6 months

Place of Death, {Give street and number.} 261 Hamilton Terrace Eastern St.

Cause of Death, First (Primary,) Double Pneumonia, fluid of Left, Ten of Right Lung

Second (Immediate,) asphyxia

Duration of Last Sickness, 9 days

All the above information should be furnished by the Physician.

Place of Burial, St Johns S.P.W. Huntington.

Date of Burial, March 16th 1876.

S. C. Chew M. D.
Medical Attendant.

Undertaker, Hoyt W. Jenkins & Son *Address* 141 Lanvale St.

Place of Business, 16 Light,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore.

8645

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. MAR 13 1876 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, March 12th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Alice Young

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 1 *Years,* 5 *Months,* 12 *Days.*

Color, ~~Black~~ *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore city

Duration of Residence in the City of Baltimore, all her life

Place of Death, {Give street and number.} 86 Oxford st

Cause of Death, First (Primary,) Teething

Second (Immediate,) Congestion of Brain

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery W. B. Griffith M. D.

Date of Burial, March 13, 1876 Medical Attendant.

Undertaker, John C. Condon

Place of Business, No 63 Park Av. *Address* 117 W. Madison st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

this Certificate.

Board of Health, City of Baltimore,

No. 8646

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 13 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 11th 11 30 A. M. 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Otto ~~A~~ Klingelhofer

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, *Years,* 8 *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 343 S. Bond St.

Cause of Death, First (Primary,) Tubercular Meningitis.

Second (Immediate,)

Duration of Last Sickness, 7 Weeks.

All the above information should be furnished by the Physician.

Place of Burial, 5th German Reformed Cemetery

Date of Burial, March 13th 1876

Undertaker, H. Frechtlich

Place of Business, 246 Eastern Av.

James E Donnelly M. D.
Medical Attendant.

Address 299 E Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

...REFERRED TO IN THE REMARKS BELOW, AND TO LIST OF DISEASES ON BACK OF this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8647

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Mch 12 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henrietta Cook

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, —— *Years,* 1 *Months,* 12 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 189 S. Bethel Street

Cause of Death, {First (Primary,) Cold

{Second (Immediate,) Convulsions

Duration of Last Sickness, One day

All the above information should be furnished by the Physician

Place of Burial, Balto Cemetery

Date of Burial, Mch 13 1876

Undertaker, H. Froelich

Place of Business, East Ave

M. D.

Medical Attendant

Address Commiss. of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Informant Henry Cook father

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

6 bef 8,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 13 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 12th/76

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Frank Wile Bushey

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, Two *Years,* ——— *Months,* 14 *Days.*

Color, White *Sex,* Male

~~*Married*~~, *Single*, *Widow or Widower*, {Cross out the words not required in this line.} ———

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 128 S. Paca St

Cause of Death, { First (Primary,) Scarlet Fever
Second (Immediate.) " "

Duration of Last Sickness, Five days

All the above information should be furnished by the Physician.

Place of Burial, Frederick md Thomas Opie M. D.

Date of Burial, Medical Attendant.

{ *Undertaker,* Wm. Jenkins & Son *Address* 396 N. Fayette St
{ *Place of Business,* 16 Light St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

(Transit 384)

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

8649

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 12th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary McGinly

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 18 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Pennsylvania

Duration of Residence in the City of Baltimore. 2 yrs

Place of Death, {Give street and number.} 16 Stockton st.

Cause of Death, First (Primary,) Cancer

Second (Immediate,)

Duration of Last Sickness, 2 Days

All the above information should be furnished by the Physician

Place of Burial, Holy Cross Cem

Date of Burial, March 13th 1876

Undertaker, Chas. T. Scriven

Place of Business,

Geo. G. O'Connor M. D.
Medical Attendant.

Address 229 Cary st.

HEALTH OFFICE MAR 13 1876 BALTIMORE

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of Births and deaths of Illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

No. 8150

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 11th March 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Margaret Cole

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 35 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City Md

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number.} Cor of Carrollton & ~~Edmondson~~ Ave 179

Cause of Death, First (Primary,) Acute Pneumonia

Second (Immediate.)

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cemetery

Date of Burial, March 1876

Undertaker, Hughes & Co

Place of Business, 530 W Fayette St Address Nr 530 W Fayette St

Geo Lewis M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...his Certificate.

Board of Health, City of Baltimore,

No. 8651.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 12 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 11th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Florence A. Kahler

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, one *Years,* ten *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore County Md

Duration of Residence in the City of Baltimore, since birth in the city

Place of Death, {Give street and number.} No 695 W Fayette

Cause of Death, First (Primary,)

Second (Immediate,) Scarlet Fever

Duration of Last Sickness, Six days

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cemetery

Date of Burial, March 13th 1876

Undertaker, Hughes & Co

Place of Business, 550 W Fayette St

H Khatare *M. D.*

Medical Attendant.

Address No 114 Park Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...rtificate.

Board of Health, City of Baltimore,

No. 8652

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 13 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 11

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Augusta Momenthy

~~*Sex, Male or Female,*~~ {Cross out the word not required in this line.}

Age, 64 *Years,* 2 *Months,* 2 *Days.*

Color, *Sex,* female

~~*Married, Single,*~~ *Widow or* ~~*Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, Six month

Place of Death, {Give street and number.} 695 W. Fayette str

Cause of Death, First (Primary,) Bright's Disease

Second (Immediate,) Anemia

Duration of Last Sickness, 4 month.

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, March 13 1876

L. Pettorawit 3 M. D.
Medical Attendant.

Undertaker, Henry Meyer

Place of Business, 106 N. Howard St

Address 137 W. Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

S A F E T Y F

...ertificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 8653,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 13 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 12th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Anna Dorsey

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, 2 *Years,* 3 *Months,* 16 *Days.*

Color, white *Sex,* female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore city

Duration of Residence in the City of Baltimore, since born

Place of Death, {Give street and number.} 243 Granby

Cause of Death, First (Primary,) pseudomembranous croup

Second (Immediate,)

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cimetery

Date of Burial, March 13th 1876

{*Undertaker,* H M Gilmeyer

Place of Business, 341 Canton Ave.

Address 270 E. Lanvale

Geo. L. Dorsey M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

KODAKS

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8657

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 13th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Infant of Ida Benson

Sex, Male or ~~Female,~~ {Cross out the word not required in this line.}

Age, ____ *Years,* ____ *Months,* 6 *Days.*

Color, Blk

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth)} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 18 Gilbert Street

Cause of Death, {First (Primary,) Unknown / Second (Immediate,)}

Duration of Last Sickness,

All the above information should be furnished by the Physician

Place of Burial, W. Potters Field

Date of Burial, Mch 13th 1876

Undertaker, M. H. C. Perry

Place of Business, 448 W. Pratt St

Address Commis of Health & Registrar

M. D.

~~Medical Attendant.~~

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Information by Capt Eastart N. W. Police Station

Board of Health, City of Baltimore,

No. 8655

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 11th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ida Chester

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 1 *Years,* 6 *Months,* 2 *Days.*

Color, Black

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country (and how long in the United States, if of foreign birth)} Baltimore. Md.

Duration of Residence in the City of Baltimore, 6 life time

Place of Death, {Give street and number} 15 Douglas St

Cause of Death, {First (Primary,) Acute Bronchitis

{Second (Immediate,)

Duration of Last Sickness, Three weeks

All the above information should be furnished by the Physician

Place of Burial, Laurel Cemetery

Date of Burial, March 13 1876

{*Undertaker,* Wm H. Hickman

{*Place of Business,* 10 2341 Gay St

D Webster Cottrell M. D.
Medical Attendant.

Address 1 1/2 E Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 156,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 13 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 12th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Johann Bergert

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 75 *Years,* *Months,* *Days.*

Color, White *Sex,*

~~Married, Single, Widow~~ or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} St. Josephs Hospital - Caroline & Hoffman Sts

Cause of Death, First (Primary,) Chronic Bronchitis

Second (Immediate,) Asthenia

Duration of Last Sickness, Some years

All the above information should be furnished by the Physician.

Place of Burial, St Aloysius Cem. Oran J. Coskery M. D.

Date of Burial, March 14th 1876 Medical Attendant.

Undertaker, A. Kohler St Josephs Hospital

Place of Business, 1115 Leonard St. *Address* Caroline & Hoffman

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 8657

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 15 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 12th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Margaret Dodes

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 62 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, for 20 Years

Place of Death, {Give street and number.} 17 Port St. Canton

Cause of Death, First (Primary,) Consumption of Lungs

Second (Immediate,)

Duration of Last Sickness, Been sick for his last year

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Grave

Date of Burial, March the 14th 1876.

Undertaker, H M Gilmeyer

Place of Business, 341 Canton ave

C Edward Miller M. D.
Medical Attendant.

Address 143 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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...pecially directed to the remarks below, and to List of Diseases on Back ...ficate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 8658

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 12 1890

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Clara Buenger

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 2 *Years,* 2 *Months,* 12 *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 97 S. Spring

Cause of Death, First (Primary,) Scarlatina

Second (Immediate,) Acute Bright's Disease

Duration of Last Sickness, 2 7 weeks

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, March 14th

Undertaker, Michael Stumb

Place of Business, No. 35 Bank Address 8th.

Wm. R. Judd M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 8659.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 13 1876 BALTIMORE

Date of Death, March 13th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Eliza Mary

Sex, Male or ~~Female~~, {Cross on the word not required in this line.}

Age, 45 *Years,* *Months,* *Days.*

Color, white *Sex,*

Married, ~~Single~~, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Shoemaker.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Prussia (Germany)

Duration of Residence in the City of Baltimore, 7 years

Place of Death, {Give street and number.} c. of Howard & Emory Pls

Cause of Death, First (Primary,) Consumption of the lungs

Second (Immediate,)

Duration of Last Sickness, 7 mths

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, March 13 1876

~~*Undertaker,*~~ Friend P. Hinds

Place of Business, ~~S. Paca St~~

H Allen M. D.
Medical Attendant.

Address 93 S. Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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...ificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 8660

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 13 1876 BALTIMORE

Date of Death, 12 March 76

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Conrad Muller.

Sex, Male ~~or Female,~~ { Cross out the word not required in this line. }

Age, 39 *Years,* . *Months,* . *Days.*

Color, white *Sex,* male

Married, ~~Single, Widow or Widower,~~ { Cross out the words not required in this line. }

Occupation, wheelright.

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 280 Aisquith.

Cause of Death, { First (Primary,) Phthisis pulmon. / Second (Immediate,) ab. 3 years }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Hollingsworth Comet.

Date of Burial, March 14 1876

C Mattison M. D.
Medical Attendant.

Undertaker, Henry Hoch, *Address*

Place of Business, 20 Linwood Av 57 Aisquith

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

No. 8661

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 12. 96

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Alex. V. Robinson

~~*Sex,* Male or *Female*~~, { Cross out the word not required in this line. }

Age, 4 *Years,* 2 *Months,* 12 *Days.*

Color, Black *Sex,* male

~~*Married,* *Single,* *Widow* or *Widower*~~ { Cross out the words not required in this line. }

~~*Occupation,*~~

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, since Birth

Place of Death, { Give street and number. } 220 S. Howard

Cause of Death, { First (Primary,) 2 Second (Immediate,) Exhaustion / Suffocation

Duration of Last Sickness, 8 hours

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery Louis M. Eastman M. D.

Date of Burial, March 14 1896 Medical Attendant.

{ *Undertaker,* S W Chase *Address* 219 Lexington St.
{ *Place of Business,* No 194 Howard St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 8662

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 15th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Frank Stuart

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ~~~~ *Years,* 8 *Months,* 15 *Days.*

Color, Colored *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Child

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, 8 Yrs 15 Days

Place of Death, {Give street and number.} 14 Shields ct

Cause of Death, {First (Primary,) Thrush

Second (Immediate,)

Duration of Last Sickness, Two Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 17 1876

Undertaker, T W Chase

Place of Business, No 198 Howard

M. D.
Medical Attendant.

Address Fifth Square

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

No. 8663

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 13th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Johanna M. Steinhauer

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, 60 — *Years,* 10 — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} widow

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Saxony Germany, about 20 yrs

Duration of Residence in the City of Baltimore.

Place of Death, {Give street and number.} 49 S. Liberty St.

Cause of Death, First (Primary,) Inflamation of Stomach

Second (Immediate,) Cancer of Stomach

Duration of Last Sickness, about 6 months,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Wednesday 15th March

Undertaker, John P. Pardue

Place of Business, 66 Frederick Ave.

Ltd Dorsey M. D.
Medical Attendant.

Address 84 E. Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 8664

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH D. STATION MAR 14 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 11th, 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mr. Jacob Kienzle

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 56 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Butcher

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, Forty Years

Place of Death, {Give street and number.} N. E. Cor. E. Monument & Chester Sts

Cause of Death, First (Primary,) Paralysis

Second (Immediate,)

Duration of Last Sickness, Three weeks

All the above information should be furnished by the Physician.

Place of Burial, Sexton and Balto Co Jno. H. Clendinen M. D.

Date of Burial, March 14th, 1876 Medical Attendant.

Undertaker, Wm. H. Eichman *Address* No. 93 N. Broadway

Place of Business, 234 S. Gay St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

No. 8665

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 14 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 13th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Alice Mentzel

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ____ *Years,* ____ *Months,* 26 *Days.*

Color, White *Sex,* ____

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, ____

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 53 Brune St

Duration of Residence in the City of Baltimore, 26 days

Place of Death, {Give street and number.} 53 Brune St

Cause of Death, First (Primary,) Edema Infantum

Second (Immediate.) ____

Duration of Last Sickness, 28 days

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, March 14th 1876

Undertaker, Chas. A. Ponder

Place of Business, No 520 N. Balto St *Address* ____

J. Pattison M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 5666

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 14 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March [redacted] 1876.

Full Name of Deceased, {Write legibly and correctly. If an infant not named, give names of parents.} Mary Burke

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.} Female

Age, 5 *Years,* 5 *Months,* *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth} Balt. Md.

Duration of Residence in the City of Baltimore. Since birth.

Place of Death, {Give street and number} 11 Hanover court

Cause of Death, {First (Primary.) Marasmus. Second (Immediate,) Exhaustion.

Duration of Last Sickness, One month

All the above information should be furnished by the Physician

Place of Burial, Dallas St Cemetery

Date of Burial, March 14th 1876

Undertaker, John W. Locke

Place of Business, 17 South Wolf st

G. Glanville, Jun. M. D.
Medical Attendant.

Address Balt & Lee sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 8667.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 14 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 11th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Richard Grimage

~~*Sex,* Male or Female,~~ {Cross out the word not required in this line.}

Age, One *Years,* Eight *Months,* —— *Days.*

Color, Black *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ——

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore.

Duration of Residence in the City of Baltimore, 20 Months.

Place of Death, {Give street and number.} 8 McElderry Court.

Cause of Death, First (Primary,) Capillary Bronchitis.

Second (Immediate.)

Duration of Last Sickness, Four weeks.

All the above information should be furnished by the Physician.

Place of Burial, Dallas St Cemetry

Date of Burial, March 12 1876

Undertaker, John W. Cooks

Place of Business, 178 S. Wolf St

D. Cashen Ireland M. D.
Medical Attendant.

Address 178 Aisquith St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

0668

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 12 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 12th March 1878

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Philomena Keen

Sex, ~~Male or~~ Female, { Cross out the word not required in this line. }

Age, 27 *Years,* *Months,* *Days.*

Color, *Sex,*

Married, Single, ~~Widow or Widower~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, 27 years

Place of Death, { Give street and number. } 282 Columbia Avenue

Cause of Death, { First (Primary,) Tubercular Consumption

Second (Immediate,)

Duration of Last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, St Stephens Per.

Date of Burial, 14 March

Wm. H. Russell M. D.
Medical Attendant.

{ *Undertaker,* Andrew Knell
{ *Place of Business,* 282 Columbia St *Address* Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...ner, and to List of Diseases on Back of ... Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 8669

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 13 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 13th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henry Willis Baxley. M.D.

~~Sex~~, *Male* ~~or Female~~, {Cross out the word not required in this line.}

Age, 42 *Years,* *Months,* *Days.*

Color, *Sex,*

Married, ~~Single, Widow or Widower~~ {Cross out the words not required in this line.}

Occupation, Physician and Surgeon.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Balto Co Md

Duration of Residence in the City of Baltimore, All his life.

Place of Death, {Give street and number.} Church Home, and Infirmary Corner Broadway

Cause of Death, First (Primary,) Bronchitis

Second (Immediate,) Bronchial Hemorrhage

Duration of Last Sickness, Fourteen days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem

Date of Burial, March 15th 1876

H. H. Barnes M. D.
Medical Attendant.

Undertaker, R. Renwick & Son

Place of Business, N. Howard St Address No 16 N. Liberty St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

oard of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 8670

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

MAR 12 1878

Date of Death, March 13th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Frances Moseley

Sex, ~~*Male or Female,*~~ {Cross out the word not required in this line.}

Age, 53 *Years,* —— *Months,* —— *Days.*

Color, White

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 19 years

Place of Death, {Give street and number.} 318 West Lombard St

Cause of Death, First (Primary,) Chronic Gastro Enteritis

Second (Immediate,) Exhaustion

Duration of Last Sickness, 2 or 3 Weeks

All the above information should be furnished by the Physician

Place of Burial, Loudon Park

Date of Burial, March 15th

Undertaker, Fred. A. Thacher

Place of Business, 150 Camden St

Geo. W. Benson M. D.
Medical Attendant.

Address 144 Hanover St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...ate.

Board of Health, City of Baltimore,

No. 8671

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTRAR'S OFFICE MAR 14 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 13th, 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mrs. Martha A. Moore

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Thirty *Years,* —— *Months,* —— *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Bucks County Pa.

Duration of Residence in the City of Baltimore, Eight Years

Place of Death, {Give street and number.} No. 105 East Baltimore St.

Cause of Death, {First (Primary,) Consumption
{Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physicain.

Place of Burial, Bucks Co Pa

Date of Burial, March 16th 1876

{*Undertaker,* Henry H. Mears
{*Place of Business,* 45 N Gay St

Wm H. Glendinen, M. D.
Medical Attendant.

Address No. 93 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

(Transit 987)

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 8672

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 14 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 2 P.M. 13th March, 1876.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Anna Page

Sex, ~~Male or~~ Female, { Cross out the word not required in this line. } Female

Age, 70 *Years,* ____ *Months,* 20 *Days.*

Color, White *Sex,* Female

Married, ~~Single,~~ Widow or ~~Widower~~, { Cross out the words not required in this line. } Widow

Occupation, ____

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Kent County Md.

Duration of Residence in the City of Baltimore, 8 Years.

Place of Death, { Give street and number. } 161 Eastern Ave Balto City

Cause of Death, { First (Primary,) old age
Second (Immediate,) "

Duration of Last Sickness, ____

All the above information should be furnished by the Physician.

Place of Burial, Cambridge Md.

Date of Burial, March 15th 1876.

Undertaker, W. H. Weaver.

Place of Business, 28 N. Gay St

Thos. Thos. *M. D.*
Medical Attendant.

Address 83 Franklin St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

(Transit 386)

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 8673

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, [illegible]

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} [illegible]

Sex, Male or Female, {Cross out the word not required in this line.} [illegible]

Age, [illegible] *Years,* [illegible] *Months,* [illegible] *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, [illegible]

Birthplace, {State or country (and how long in the United States, if of foreign birth.} [illegible]

Duration of Residence in the City of Baltimore, [illegible]

Place of Death, {Give street and number.} [illegible]

Cause of Death, First (Primary,) [illegible]

Second (Immediate.) [illegible]

Duration of Last Sickness, [illegible]

All the above information should be furnished by the Physician.

Place of Burial, [illegible]

Date of Burial, [illegible]

Undertaker, [illegible]

Place of Business, [illegible] *Address* [illegible]

[illegible] *M. D.*

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 8674

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 14 1876 BALTIMORE

Date of Death, March 12th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Saml Johnson

Sex, Male or Female, {Cross out the word not required in this line.} —

Age, — *Years,* — *Months,* 3 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 67 Dawson al

Cause of Death, First (Primary,) Spasms

Second (Immediate,) Shock

Duration of Last Sickness,

All the above information should be furnished by the Physician

Place of Burial, W. P. Field

Date of Burial, March 13th

Undertaker, H H & Cary

Place of Business, 148 N Pratt

R. L. Lewis M. D.
~~Medical Attendant.~~
Coroner 3d Dist.

Address N. W. Hanover & Barre Sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...ale.

Board of Health, City of Baltimore,

No. 8675

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
MAR
14
1876
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 13 1876

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Francis Foy

Sex, ~~Male~~ or *Female,* { Cross out the word not required in this line. } Female

Age, 7 *Years,* *Months,* 19 *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } City

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 8 N. Charles

Cause of Death, { First (Primary,) Scarlatina

{ Second (Immediate,) Dropsy (Oedema of the Lungs).

Duration of Last Sickness, 6 weeks

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cemetery.

Date of Burial, March 14th

Thomas Purdom M. D.
Medical Attendant.

Undertaker, Michael Smith

Place of Business, 25 South Sth. *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

8676

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 14 1876

Date of Death, March 12th -

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Simon Sutten

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, Seventy five *Years,* — *Months,* — *Days.*

Color, Black *Sex,* Male

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Waiter

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Somerset Co Maryland

Duration of Residence in the City of Baltimore, Sixty three years

Place of Death, {Give street and number.} 128 Wilcome Alley

Cause of Death, First (Primary,) Old age -

Second (Immediate,) Dropsy -

Duration of Last Sickness, 3 or 4 years

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, March 14th 76

Undertaker, John B. Williams

Place of Business, 107 Lee St

E. A. Mans M. D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

8677

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 14. 1876 BALTIMORE

Date of Death, March 14th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Christiane Bengel

Sex, Male or Female, {Cross out the word not required in this line.} ~~Male~~ Female

Age, 64 *Years,* 6 *Months,* *Days.*

Color, white *Sex,* female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ~~Single~~ ~~Widow~~ ~~Widower~~

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany 1 1/2 year and a half

Duration of Residence in the City of Baltimore, 1 1/2 year

Place of Death, {Give street and number.} 53 Frisby St

Cause of Death, First (Primary,) Bronchitis

Second (Immediate,) Exhaustion

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Trinity Cemetery

Date of Burial, March 16,

Undertaker, P. Fay

Place of Business, 71 Eutaw Ave, *Address* 58 N. Front

C. Lichtmann M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

No. 8678,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 14 1876

CERTIFICATE OF DEATH.

Date of Death, March 13th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mrs Martha Montague

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 91 *Years,* 11 *Months,* 1 *Days.*

Color, White *Sex,* Female

Married, ~~Single~~, Widow ~~or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Sunderland Mass.

Duration of Residence in the City of Baltimore, 22 years

Place of Death, {Give street and number.} No 12 N. Calhoun St

Cause of Death, First (Primary,) Old age

Second (Immediate,) Influenza

Duration of Last Sickness, 9 days

All the above information should be furnished by the Physician.

Place of Burial, Sunderland Mass

Date of Burial, March 14 1876

William B. Hidden M. D.
Medical Attendant.

Undertaker, Hughes & Co

Place of Business, Fayett & Conv *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

(Transit 388)

...Diseases on ...rtificate.

Board of Health, City of Baltimore,

No. 8679

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 15 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 14th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Francis Anton and Mary Anna Faul

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, *Years,* *Months,* 13 hours ~~Days~~

Color, white *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 162 E. Fayette

Cause of Death, First (Primary,) Premature Birth

Second (Immediate,) 7 months foetus

Duration of Last Sickness,

All the above Information should be furnished by the Physician.

Place of Burial, St Alysonsus Cem

Date of Burial, March 15th 1876

J. G. Dausch M. D.
Medical Attendant.

Undertaker, A. Kühler

Place of Business, 246 Lombard st Address 27 E. Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 8680

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 15 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 14th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Stephen Maziere

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 4 *Years,* ~~6~~ 6 *Months,* ~~6~~ *Days.*

Color, White *Sex,*

~~Married~~, *Single,* ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 184 Hollins Aly.

Cause of Death, { First (Primary,) Scadlatina Anginosa

~~Second (Immediate,)~~

Duration of Last Sickness, 7 days.

All the above Information should be furnished by the Physician.

Place of Burial, Jones Falls Cem. — L. P. Bloodgood, M. D.

Date of Burial, March 14 — Medical Attendant.

Undertaker, S. B. Cook — *Address* 257 Madison Ave.

Place of Business, 707 West Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Transit Permit No 389

Board of Health, City of Baltimore,

No. 8681

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 16 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 13 March 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles Sattler

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, Eleven *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, ad

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Newyork

Duration of Residence in the City of Baltimore, Four years

Place of Death, {Give street and number.} 12 S. Sallon St

Cause of Death, First (Primary,) Fracture of pelvis. Separation of both Symphises sacro-iliaque.

Second (Immediate,)

Duration of Last Sickness, Died three hours after the accident.

All the above information should be furnished by the Physician.

Place of Burial, London Park Cem-

Date of Burial, March 15th 1876.

Undertaker, Jr & N Regan.

Place of Business, 22 N Eutaw St. *Address*

G Hayes. *M. D.*

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 8682

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 12th 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Infant. of Maria Roddie Murkett

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, *Years,* *Months,* 7 *Days.*

Color, black *Sex,*

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, 7 days

Place of Death, {Give street and number.} No 12 Brewer Alley

Cause of Death, {First (Primary,) / Second (Immediate,)} Infantile Spasms.

Duration of Last Sickness, 2 days.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, the 15th of March

Undertaker, P. Kimmel.

Place of Business, 311 Pratt St.

Address 190 Penn Ave. Balto Md

M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...ATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Cert. No. 8683

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 15 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 14th 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} C. Airey

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ____ *Years,* ____ *Months,* Thirteen *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ____

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, ____

Place of Death, {Give street and number.} 80 Pierce St

Cause of Death, {First (Primary,) ____ Second (Immediate,) Prostration

Duration of Last Sickness, One Day

All the above information should be furnished by the Physician

Place of Burial, Loudon Park

Date of Burial, March 15th 1876.

Undertaker, Peter Kinnard

Place of Business, 317 Aisquith St.

E. E. Kohn *M. D.*

Medical Attendant.

Address 226 Aisquith St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 8184

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
MAR
15
1876
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 13th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ellen Johnson

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.} Female

Age, 17 *Years,* *Months,* *Days.*

Color, Black.

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Laundress

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore. Md.

Duration of Residence in the City of Baltimore. Entire life Time.

Place of Death, {Give street and number} 106 North St.

Cause of Death, {First (Primary,) Phthisis Pulmonalis

{Second (Immediate,)

Duration of Last Sickness, Seven Months

All the above information should be furnished by the Physician

Place of Burial, Laurel Cemetery

Date of Burial, March 15th 76

Undertaker, W. A. Pearce

Place of Business, 50 E. Fayette St.

D. Webster Cathell M. D.
Medical Attendant.

Address 12 S. Exeter St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 8685

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 15th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} S. Emma. Garrett

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, 9 *Years,* 6 *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 90 Hillman St

Cause of Death, {First (Primary,) Scarlatina

Second (Immediate,) Anginosa

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, London Park Cem

Date of Burial, March 16 1876

Undertaker, Chas T Scruin

Place of Business, No 211 N Eutaw st *Address* 17 Warren Av

H. B. Noble M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 8686

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 15th 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Amelia A. Mitchell

Sex, Male or Female, {Cross out the word not required in this line.} Female.

Age, — *Years,* 5 *Months,* *Days.*

Color, White *Sex,* —

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Sunbury, Pa.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} # 314 Forest St

Cause of Death, { First (Primary,) Pneumonia
Second (Immediate,) 9 days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Sunbury Pa By Rail.

Date of Burial, 16 March.

Undertaker, Geo. C. Rubenmayer

Place of Business, 38 Essex St

D. W. Hinides M. D.
Medical Attendant.

Address 134 not Existing

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

(Transit 390)

...ians is respectfully invited to the remarks below, and to List of Diseases on ba... ...ale.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

...t No. 867

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT
MAR
15
1896
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 14 1896.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henry Heineke

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 50 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} married

Occupation, Shoemaker

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 25 years

Place of Death, {Give street and number.} 141 West St

Cause of Death, {First (Primary,) Heart disease

{Second (Immediate,)

Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, Mt. Carmel cemetery *Abram A. Arnold* *M. D.*
Medical Attendant.

Date of Burial, March 17, 1896

{*Undertaker,* M. A. Daiger *Address* 7 S. High St.

{*Place of Business,* 71 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

T Y ▲ F I L M ■

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 8688

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 1876

CERTIFICATE OF DEATH.

Date of Death, March 13 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth G. Hiss

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.} Female

Age, 76 *Years,* ____ *Months,* ____ *Days.*

Color, White *Sex,* Female

~~*Married, Single,*~~ *Widow or* ~~*Widower*~~, {Cross out the words not required in this line.}

Occupation, ____

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Co.

Duration of Residence in the City of Baltimore, 64 years

Place of Death, {Give street and number.} 42 N Poppleton

Cause of Death, {First (Primary,) Chronic Nephritis
Second (Immediate.) Dropsy

Duration of Last Sickness, 4 months,

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery *Where,* Towson, Md. *M. D.*

Date of Burial, March 16th 1876 *Medical Attendant.*

Undertaker, H. A. Davis

Place of Business, 194 S. Bway *Address* 396 W. Fayette

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

A K S A F E T

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 8689

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceasrd, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 13th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Anne Weinhold

Sex, Male or Female, {Cross out the word not required in this line,} Female

Age, 60 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, House Keeper

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore. 35 years

Place of Death, {Give street and number.} 118 Fort av.

Cause of Death, {First (Primary,) Second (immediate,)} Suicide by hanging Short)

Duration of Last Sickness,

All the above information should be furnished by the Physician

Place of Burial, St. Aeph Cem.

Date of Burial, Wed Mch 15/76

{*Undertaker,* John Braun
Place of Business, 77 O. Wolfe)

R. C. Lee M. D.
Medical Assistant
N. W. Cor Coroner S. D.
Address Hanover & Barre sts)

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of Illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

No. 8690

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 15 1876 BALTIMORE

Date of Death, March 14 /76

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Holliday Stuart

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 5 *Months,* 24 *Days.*

Color, white *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 32 N. Gilmor St

Cause of Death, {First (Primary,) Tubercular Meningitis

{Second (Immediate.)

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Green Mt. Cemetery

Date of Burial, 16th March 1876

{*Undertaker,* Hugh Scott & Son

{*Place of Business,* 16 Light St

Jno. A. Duncan M. D.

643 N. Fayette Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 8691

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Mar. 14th 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Joseph Clinton Stuart

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1y *Years,* — *Months,* — *Days.*

Color, Black *Sex,* Male

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Granelonne Balto. Co.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 65 Dallas St. City

Cause of Death, First (Primary,) Pneumonia.

Second (Immediate,) Exhaustion.

Duration of Last Sickness, Two Weeks

All the above information should be furnished by the Physician.

Place of Burial Laurel Cemetery

Date of Burial, March 15th 1876

Undertaker, Wm A. Dunger

Place of Business, No 104 East st

Chas. H. Tuck M. D.
Medical Attendant.

Address 128 Park Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

No. 8692

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

MAR 16 1876 BALTIMORE MD.

Date of Death, March 14th, 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Theresa Bonno

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 64 Years, *Months,* *Days.*

Color, White

~~Married, Single~~, Widow or ~~Widower~~, {Cross out the word is not required in this line.}

Occupation, Housework

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Switzerland German

Duration of Residence in the City of Baltimore, Fifty-Eight Years

Place of Death, {Give street and number.} 330 E. Balt. St

Cause of Death, {First (Primary,) Phthisis Pulmonalis
Second (Immediate,) Exhaustion

Duration of Last Sickness, six months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, Friday Mch 17. 76. 3 P.M.

Undertaker, R. Hall

Place of Business, 233 Balto st

G. Glanville Rusk M. D.
Medical Attendant.

Address Baltimore Md.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 8693

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTRAR'S OFFICE MAR 15 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 14th 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mrs. Fannie Howard.

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 40 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, ~~Single,~~ ~~Widow~~ *or* ~~Widower~~, {Cross out the words not required in this line.}

Occupation, None.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 7 yrs.

Place of Death, {Give street and number.} 220 Mulberry St.

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate,)

Duration of Last Sickness, 12 mos

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, March 16 76

Undertaker, Mc Coull & Sons

Place of Business, Saratoga St

J. G. Middleton M. D.

Medical Attendant.

Address 34 ~~Saratoga~~ St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...ARKS HEREOF, and to LIST OF DISEASES on BACK ... HEAL.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Certificate No. 8694

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 16 1876

Date of Death, March 15th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Maggie Walton 3 months

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* one hour *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth)} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 253 Dolphin St

Cause of Death, {First (Primary,) ..... Second (Immediate,) Convulsions

Duration of Last Sickness, ...

All the above information should be furnished by the Physician

Place of Burial, N. Potters Field

Date of Burial, March 16th 1876

Undertaker, M. H. C. Perry

Place of Business, 4148 W. Pratt St

..... *M. D.*

~~Medical Attendant~~

Address Commissioners of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of Illegitimate children.

Information by Mary Cook = Hostess

[OVER]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 8695

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 16 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 15th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lewis Waidner Melchior.

Sex, Male or Female, {Cross out the word not required in this line.}

Age, — *Years,* 10 *Months,* 1 *Days.*

Color, — *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 161 Columbia St,

Cause of Death, First (Primary,) Pneumonia

Second (Immediate,) Convulsions —

Duration of Last Sickness, One Month

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, March 17th 1876

Undertaker, R. S. Dill

Place of Business, 183. Columbia av,

R. J. N. Tall M. D.
Medical Attendant.

Address 158 S Shap St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 8696

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 16 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 15th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sarah Woody

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 80 *Years,* *Months,* *Days.*

Color, white *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland 60 yrs

Duration of Residence in the City of Baltimore, 60 years

Place of Death, {Give street and number.} Corner Hillen & Chesnuts Sts

Cause of Death, First (Primary,) Old Age

Second (Immediate,) Senile decay

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, 17 March 2 Oclock

Undertaker, George C Rodenmayer *Address*

Place of Business, 138 Union St

W S Mackey *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 8697

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 16 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 15th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Anna Charlotte Vogt

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.} female

Age, 12 *Years,* 3 *Months,* 12 *Days.*

Color, white *Sex,* female

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, schoolgirl

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Cincinatti Ohio

Duration of Residence in the City of Baltimore, 10 years

Place of Death, {Give street and number.} 472 Lexington Street

Cause of Death, First (Primary,) Chronic Pneumonia

Second (Immediate,) Consumption (Phthisis Pulmonalis)

Duration of Last Sickness, one year

All the above information should be furnished by the Physician.

Place of Burial, ~~472 Lexington St~~ Baltimore Cemetery

Date of Burial, March 16. 1876

Henry Taylor M. D.
Medical Attendant.

Undertaker, Andrew Lilly

Place of Business, 118 Druid Hill Ave. Address 165 Lombard St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 8698

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 16 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 16th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Margarella Isabella Becker

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 4 *Years,* 3 *Months,* 1 *Days*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 28 N. Front St

Cause of Death, First (Primary,) Scarlatina

Second (Immediate,) Effusion Pericardii

Duration of Last Sickness, Six weeks

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, March 17 1876

Undertaker, Mr Jacob Keller

Place of Business, No 21 Harrison Street.

Thos Morris M. D.
Medical Attendant.

Address 5 Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 8699

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 16 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 15th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mrs Elizabeth Miller

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 66 *Years,* — *Months,* — *Days.*

Color, White *Sex,* Female

~~*Married,*~~ ~~*Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Md -

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 21 Willkens Avenue

Cause of Death, {First (Primary,) Strangulated Hernia

Second (Immediate,)

Duration of Last Sickness, About Five days

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cem. Jno. G. McElroy M. D.

Date of Burial, March 16th 1876 Medical Attendant.

{*Undertaker,* Jacob Weaver *Address* Carroll P. O.

{*Place of Business,* No 46 Druid Hill Ave. Balto Co.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...spectfully invited to the remarks below, and to List of Diseases on back ...ale.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

...it No. 8700

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. MAR 16 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 16th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Blanche Reinhard

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* 3 *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} No 45 S. Eutaw St

Cause of Death, {First (Primary,) Scarlatina Maligna

{Second (Immediate.)

Duration of Last Sickness, 4 days.

All the above information should be furnished by the Physician.

Place of Burial, Lloyd St. Cemetery Pinkett M. Moulden *M. D.*

Date of Burial, March 17th Medical Attendant.

Undertaker, Mrs Dilan

Place of Business, 101 Gough St *Address* No 213 W. Lanvale St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 8701

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 15 1876 BALTIMORE

Date of Death, March 15th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jas A Gunn

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 39 *Years,* *Months,* *Days.*

Color, White

Married, Single, ~~Widow~~ or Widower, {Cross out the words not required in this line.}

Occupation, Moulder

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 525 Saratoga st

Cause of Death, {First (Primary,) / Second (Immediate,)} Heart disease.

Duration of Last Sickness, Sudden death

All the above information should be furnished by the Physician

Place of Burial, Baltimore Cemetery

Date of Burial, March 17th 1876

Undertaker, S B Cook

Place of Business, No 727 Eutaw Place

Chas Ellis Coroner M. D.
Medical Attendant.

Address 229 Cary st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8702

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 15th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charlotte P. Thomas

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 2 *Years,* 1 *Months,* 14 *Days.*

Color, Blk

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 69 Union Street

Cause of Death, {First (Primary,) Cold

Second (Immediate,) Thrush

Duration of Last Sickness, 2 weeks.

All the above information should be furnished by the Physician

Place of Burial, W. Potters Field

Date of Burial, March 16th 1876

Undertaker, M. H. C. Perry

Place of Business, 448 W. Pratt St

Address Commissioners of Health & Registrar

~~*Medical Attendant.*~~ *M. D.*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Charlotte P. Thomas Mother [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 8703

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 16 1876 BALTIMORE

Date of Death, March 15th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizth Beck

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 71 *Years,* 5 *Months,* 18 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth)} Germany

Duration of Residence in the City of Baltimore, 14 years

Place of Death, {Give street and number.} 94 Leadenhall st.

Cause of Death, First (Primary,) Old age

Second (Immediate,) Natural Causes

Duration of Last Sickness, Feeble for Several Months

All the above information should be furnished by the Physician

Place of Burial, Western Cem

Date of Burial, March 17th 1876

Undertaker, Julius Koehler

Place of Business, Cor Sharp & Cross sts.

R. C. Lee M. D.

~~Medical Examiner~~ Coroner S. D.

Address N. W. cor Hanover & Barre sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 8704

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 16 1876 BALTIMORE

Date of Death, March 14th, 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mr. Isaac H. Ferland

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Twenty Seven *Years,* —— *Months,* —— *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Photographer

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} New Jersey

Duration of Residence in the City of Baltimore, Twenty Years

Place of Death, {Give street and number.} No. 436 E. Eager St.

Cause of Death, {First (Primary,) Cranial Abcess
Second (Immediate,)}

Duration of Last Sickness, Four Weeks

All the above information should be furnished by the Physician.

Place of Burial, Loud Council

Date of Burial, March 16th/76

Undertaker, W. F. Fay

Place of Business, 5th & Broadway

W. A. Abercrombie, *M. D.*
Medical Attendant.

Address No. 932 Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of Illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

No. 8705

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

MAR 15 1876 BALTIMORE

Date of Death, March 14th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Eliza Spencer

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 55 Years, ... Months, ... Days.

Color, Colored

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Housewife

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Fredrick City Md

Duration of Residence in the City of Baltimore, 17 years

Place of Death, {Give street and number.} 20 E. Pratt st.

Cause of Death, {First (Primary,) Phthisis Pulmonalis

{Second (Immediate,) Exhaustion

Duration of Last Sickness, One month

All the above information should be furnished by the Physician.

Place of Burial, Sorril cemitry

Date of Burial, Mar 16) 76

{*Undertaker,* Theadore J Locke

{*Place of Business,* 59.5 Wolfe st

G Glassell M.D.

Medical Attendant.

Address 141 E Pratt st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Certificate No. 8704

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 16 1876 BALTIMORE

Date of Death, Mar. 16th 76

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Frank Kihl

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ~~0~~ 1 *Years,* 9 *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 338 Harford Ave

Cause of Death, First (Primary,) Meningitis

Second (Immediate,)

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem

Date of Burial, Mar 18 1876

Undertaker, Chas. Hoch

Place of Business, 69 Cockeys Alley Address 166 E. Eager st.

Jno. Burke Boyle M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 8707

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

REGISTRAR OF VITAL STATISTICS MAR 15 1876 BALTIMORE

Date of Death, March 15th 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Louisa Hauer

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 68 *Years,* *Months,* *Days.*

Color, White

~~*Married, Single,*~~ *Widow or* ~~*Widower,*~~ {Cross out the words not required in this line.}

Occupation, Housekeeper

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Wirtemberg, Germany

Duration of Residence in the City of Baltimore, Twenty five years

Place of Death, {Give street and number} 132 E. Eastern Ave.

Cause of Death, {First (Primary.) Inflammation of Brain
Second (Immediate,) Paralysis}

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, N. Westminster

Date of Burial, March 16 '76

Undertaker, H. Lifford

Place of Business, 1. Bond St. Fell's P.

G. Blanchard Mack M. D.
Medical Attendant.

Address Balt. & Wash. Sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and time of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Cert. No. 8708

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

MAR 15 1876 BALTIMORE

Date of Death, 16 March 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Joseph

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, Years, 3 ~~Months~~, week, Days.

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} foundling

Duration of Residence in the City of Baltimore, 14 days

Place of Death, {Give street and number.} St. Vincents Infr Asylum

Cause of Death, {First (Primary,) atrophy = suffering from starvation & admissions
Second (immediate,) Hydrocephaloid Convulsions

Duration of Last Sickness, 6 hours

All the above information should be furnished by the Physician

Place of Burial, Cathedral Cemetery

Date of Burial, March 16 1876

Undertaker, Samuel Brown

Place of Business, St Vincents Asylum

Marbury Brewer M. D.
Medical Attendant.

Address 201 W. Biddle St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8709

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. MAR 16 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 14th March 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Augustus A. Boggs

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, Thirty Six *Years,* Ten *Months,* Two *Days.*

Color, White *Sex,* Male

Married, ~~Single~~, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Manufacturer of Canned Goods &c

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Sommerset Co Maryland

Duration of Residence in the City of Baltimore, About Twelve Years

Place of Death, {Give street and number.} 354½ W Lombard st

Cause of Death, First (Primary,) —

Second (Immediate,) Consumption

Duration of Last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, Louden Park

Date of Burial, March 17

Undertaker, H W Lentz & Son

Place of Business, 16 Light St.

Thomas Shearer M. D.
Medical Attendant.

Address 97 N Charles St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 8710

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 15 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 12th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ramon C. Baker

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.} f

Age, 5 *Years,* 1 *Months,* 23 *Days.*

Color, W *Sex,* f

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 57 N Charles St

Cause of Death, First (Primary,) Age 5

Second (Immediate,) Debility

Duration of Last Sickness, 2 Days

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral Cemetery

Date of Burial, 18th March 1876

Undertaker, Hyn Jenkins & Son

Place of Business, 16 Light St *Address* 187 N Howard St

Richd. Mackenzie M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 8711.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 16 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Barbara Maria Spore

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 70 Years, 10 Months, 16 Days.

Color, white *Sex,* female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 20 years

Place of Death, {Give street and number.} 247 E. Pratt

Cause of Death, First (Primary,) Ulceration of Stomach

Second (Immediate.) & Bowels

Duration of Last Sickness, 10 months

All the above information should be furnished by the Physician.

Place of Burial, St. Johns Cem. Wm. G. Davis M. D.

Date of Burial, March 18 1876 Medical Attendant.

Undertaker, Henry Stork Address 17 N. Broadway

Place of Business, 1307 Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained. the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

8712

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Certificate No. 8712

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEPARTMENT OF HEALTH
MAR 17 1876
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 14th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary E. Farmer,

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 2 *Months,* *Days.*

Color, Black. *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Md.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 2nd House in Caldwell.

Cause of Death, { First (Primary,) Bronchitis.
Second (Immediate,)

Duration of Last Sickness, Nine days.

All the above information should be furnished by the Physician.

Place of Burial, W. Potters Field

Date of Burial, March 17th 1876

{ *Undertaker,* M. Mc. C. Pim
Place of Business, 448 W. Pratt St

Wm. H. Hopkins, *M. D.*
Medical Attendant.

Address 30 N. Caroline Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 8713.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
MAR
17
1876
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 16 76

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Edward Welch

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 38 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth)} Ireland

Duration of Residence in the City of Baltimore, about 20 years

Place of Death, {Give street and number.} 131 West St

Cause of Death, {First (Primary,) Mitral insufficiency & Chronic Bronchitis
Second (Immediate,) Pneumonia - Sawkins but one

Duration of Last Sickness, Ten hours

All the above information should be furnished by the Physician

Place of Burial, St Peters Cemetery

Date of Burial, March 18

Undertaker, J B Cook

Place of Business, 707 West Baltimore St *Address* 182 Shank

L L Steuart M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8714

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 17 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 16th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Grant E. Billinger

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 10 *Years,* 10 *Months,* 2 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland Town

Duration of Residence in the City of Baltimore, 9 years 11 Mos.

Place of Death, {Give street and number.} No 517 N. Gaston Ave

Cause of Death, {First (Primary,) Scarlatina Malegna

Second (Immediate.)

Duration of Last Sickness, 4 days.

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, March 18

Undertaker, J. B. Crabb

Place of Business, 707 West Baltimore Address No 213 Hanover St

Patrick M. Hurley M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8715

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 17 1876

Date of Death, March 15th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Gurge W. Kennedy

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 12 *Years,* 6 *Months,* *Days.*

Color, White

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Hanburg & Cty

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 164 Johnson st

Cause of Death, First (Primary,) Scarlatina

Second (Immediate,) General Dropsy & Scrophulous origin

Duration of Last Sickness, 4 Weeks

All the above information should be furnished by the Physician

Place of Burial, Dalto Cemetery

Date of Burial, 17th March

Undertaker, Smith & Denny

Place of Business, Cor Light & Montgomery City

Geo. W. Denson M. D.
Medical Attendant.

Address 144 Hanover st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Cert. No. 8716

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

MAR 17 1876

Date of Death, March 14th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Innis M Groupey

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 1 *Years,* 3 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth} Balt: Co.

Duration of Residence in the City of Baltimore, Four months

Place of Death, {Give street and number.} Cor Freshman & Gilmer

Cause of Death, {First (Primary,) Meal- Inflamation

Second (Immediate,)

Duration of Last Sickness, Two - months

All the above information should be furnished by the Physician.

Place of Burial, Louden Park cem

Date of Burial, March 17

Undertaker, C H Blizzard

Place of Business, 187 Lemvale st

Thos S Latimer M. D.
Medical Attendant.

Address 248 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8717

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPT. MAR 17 1876 BALTIMORE

Date of Death, March 14th 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Maggie Bigsby.

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

~~Age~~, Years, 2 1/2 Months, ~~Days.~~

Color, White

~~Married, Single~~, Widow or Widower, {Cross out the words not required in this line.}

~~Occupation~~,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. Life

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Protestant Infants Asylum

Cause of Death, {First (Primary,) Mal Nutrition

{Second (Immediate,)

Duration of Last Sickness, 2 1/2 months

All the above information should be furnished by the Physician.

Place of Burial, Louden Park cem C. F. Brune M. D.

Date of Burial, March 17 Medical Attendant.

{Undertaker, C H Blizzard

{Place of Business, Lanvale & Linden ave. Address 241 Lanvale

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 8718

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 16th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jas. A. Jones

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 64 *Years,* 5 *Months,* — *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Minister A. M. E. Z. Church.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and number.} 81 Dover st.

Cause of Death, First (Primary,) Congestion of the Stomach

Second (Immediate,) Heart disease

Duration of Last Sickness, Sudden

All the above information should be furnished by the Physician

Place of Burial, Laurel Cemetery

Date of Burial, March 19"

Undertaker, L. A. Chase

Place of Business, No 98 Howard st

R. C. Lee M. D.
Medical Examiner
Coroner S. D.

Address N. W. cor. Hanover & Barre Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Certificate No. 8719

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 15th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ella Brayton

Sex, Male or Female, {Cross out the word not required in this line.} Girl

Age, 6 years *Years,* *Months,* *Days.*

Color, Mulatto *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore St.

Duration of Residence in the City of Baltimore, 6 years

Place of Death, {Give street and number.} 17 Raborg St.

Cause of Death, First (Primary,) Scarlet fever

Second (Immediate,) Convulsions

Duration of Last Sickness, Two days

All the above Information should be furnished by the Physician.

Place of Burial, [illegible]

Date of Burial, March 17 1876

Geo. G. Brewer M. D.
Medical Attendant.

Undertaker, [illegible]

Place of Business, [illegible] *Address* 258 W. Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Cert No. 8720

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 15th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Hester Johnson

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 5 *Years,* — *Months,* — *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Prince Georges Co Md.

Duration of Residence in the City of Baltimore, 4 Months

Place of Death, {Give street and number.} 259 Montgomery St.

Cause of Death, First (Primary,) Pneumonia

Second (Immediate,) 8 Days

Duration of Last Sickness,

All the above information should be furnished by the Physician

Place of Burial, Forest Cemetery

Date of Burial, March 16 1876

Undertaker, [illegible]

Place of Business, [illegible]

R. C. Lee M. D.
Coroner 3. D.
N. W. cor Hanover & Barre sts
Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 8721

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 16th. 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lida M. Tennille

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 16 *Years,* *Months,* *Days.*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Housewife

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Back Bay.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 422 Orleans St.

Cause of Death, {First (Primary.) Phthisis Pulmonalis

{Second (Immediate.) & Laryngitis.

Duration of Last Sickness, Four Months

All the above information should be furnished by the Physician.

Place of Burial, Dale. Cemetery

Date of Burial, Mar. 17th 1876

Undertaker, P. Fay

Place of Business, 54 N. Broadway.

A. Glanville Ker M.D.
Medical Attendant.

Address Back Bay

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8722

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 17 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 16.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Doreas J. P. Buckmaster

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 15 *Years,* 11. *Months,* 16. *Days.*

Color, White *Sex,* Female

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 10. Hope alley

Cause of Death, First (Primary,) Phthisis

Second (Immediate,)

Duration of Last Sickness, 22 Months

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemetery Sherwood M. D.

Date of Burial, March 18th 1876 Medical Attendant.

~~*Undertaker*~~, Father H. Buckmaster

Place of Business, 10 Hope alley *Address* 146. Hanover st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 8723

The Physician who attended any person in n last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 16 76

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Snyder

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 1 *Years,* 9 *Months,* 22 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth} Balto City

Duration of Residence in the City of Baltimore.

Place of Death, {Give street and number.} 142 Conway St

Cause of Death, {First (Primary.) Convulsions
Second (Immediate.)}

Duration of Last Sickness, 12 hours

All the above information should be furnished by the Physician

Place of Burial, Baltimore Cemetery

Date of Burial, March 18

{*Undertaker,* H Brile
Place of Business, Henrietta & 81

S Chilcoat M. D.
Medical Attendant.

Address 182 Stark

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children

[OVER.]

F E T Y ▲ F I L

Board of Health, City of Baltimore,

Permit No. 8724

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT MAR 17 1876

CERTIFICATE OF DEATH.

Date of Death, March 16th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John L. Bycck

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 47 *Years,* *Months,* *Days.*

Color, White *Sex,* male

~~*Married,*~~ *Single,* ~~*Widowed,*~~ {Cross out the words not required in this line.}

Occupation, Clerk

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Scotland

Duration of Residence in the City of Baltimore, 28 years

Place of Death, {Give street and number.} 26 - Patterson Avenue

Cause of Death, {First (Primary,) Diarrhea (Chronic)
Second (Immediate,)

Duration of Last Sickness, Six months

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial,

{*Undertaker,* R. Kenwick & Son
Place of Business, 92 W. Baltimore St

Louis Fawcett M. D.
Medical Attendant.

Address 93 Hughes St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

K O D A K S A F

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8725

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
MAR
17
1876
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Mar. 16th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Hurlock

Sex, Male or Female, {Cross out the word not required in this line.} Female.

Age, 99 *Years,* *Months,* *Days.*

Color, White *Sex,* Widow

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Ballo.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Lifetime

Duration of Residence in the City of Baltimore, Best Little Nurse of the Poor

Place of Death, {Give street and number.}

Cause of Death, {First (Primary,) Second (Immediate,)} Mural debility, Two years

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, Mch 17 1876

Undertaker, Jno. Schultheis

Place of Business, 261 E. Monument St

Jno Burke Boyle M. D.
Medical Attendant.

Address 166 E. Eager st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

K

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 8726.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 17th 1916.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jennie Roberts.

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 21 *Years,* 9 — *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Roose. in Wales.

Duration of Residence in the City of Baltimore, 8 years —

Place of Death, {Give street and number.} 14 Chestnut St

Cause of Death, First (Primary,) Consumption of Lungs

Second (Immediate,) — do —

Duration of Last Sickness, Don't Know

All the above information should be furnished by the Physician.

Place of Burial, Bells Cemetery

Date of Burial, March 19th

Undertaker, Thos. F. Hughes

Place of Business, 60 E. Baltimore St

C. W. Doone M. D.
Medical Attendant.

Address 814 E. Fayette

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 8727

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 17 1876

CERTIFICATE OF DEATH.

Date of Death, March 16. 1876

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Catherine Williams

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 66 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

~~Married~~, ~~Single~~, Widow or ~~Widower~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baden Germany

Duration of Residence in the City of Baltimore, 13 years.

Place of Death, { Give street and number. } No 1. Whitehall Pl

Cause of Death, { First (Primary,) Carcinoma Uteri

Second (Immediate,) 9 weeks

Duration of Last Sickness,

All the above Information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, March 18

Undertaker, H. Shilling

Place of Business, 72. Pratt

A. Tuisley M. D.

Medical Attendant.

Address 452 N. Carey St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...ysicians is respectfully invited to the remarks below, and to List of Diseases on back of this ...rate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8728

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 17 1876

CERTIFICATE OF DEATH.

Date of Death, March 16 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James Brown

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 50 *Years,* *Months,* *Days.*

Color, Colard *Sex,*

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} This man has now pretend to attend

Occupation, So you Will Pleas have him Buried

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, All

Place of Death, {Give street and number.} No 8 Walter Court near Biddle st

Cause of Death, {First (Primary,) ~~Comic~~

{Second (Immediate,) Chronic Dysentary

Duration of Last Sickness, 4 month

All the above information should be furnished by the Physician.

Place of Burial, Patens field B. the

Date of Burial, March 17 1876

Undertaker, M. H. C. Perry

Place of Business, 448 W. Pratt St

H Brent M. D.
Medical Attendant.

Address No 23 Bath st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8729

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 16 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Clara Anthony

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, — *Years,* 11 *Months,* — *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore. Life

Place of Death, {Give street and number.} 12 N. Dallas Street

Cause of Death, {First (Primary,) Pneumonia, Second (Immediate,)

Duration of Last Sickness, one Month

All the above information should be furnished by the Physician

Place of Burial,, Bald County

Date of Burial, March 18 1876

Undertaker, Parents

Place of Business, —

M. D.

Address Commis of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Miss Mary Freeman

[OVER.]

PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8730

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Mch 16th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Jackson

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 83 *Years,* ——— *Months,* ——— *Days.*

Color, Cold

~~Married, Single~~, *Widow* ~~or Widower~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth)} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 216 Dover St

Cause of Death, {First (Primary,) old age / Second (Immediate,) Senile decay

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician

Place of Burial, N. Sharp St Cemty

Date of Burial, Mch 17th 1876

M. D.

Undertaker, L. W. Chase

Place of Business, S Howard *Address* Commis of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Lawrence Malloy Midwife [COLOR.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8731

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 17 1876

CERTIFICATE OF DEATH.

Date of Death, 16 March

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Auguste Sophie Pfeil

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, 4 *Years,* 6 *Months,* 16 *Days.*

Color, white *Sex,* female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} N. Howard St. 300

Cause of Death, First (Primary,) Cerebral meningitis

Second (Immediate,) Exhaustion

Duration of Last Sickness, 14 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, 18 March

N. F. Reinhard M. D.
Medical Attendant.

Undertaker, H. Schillinger

Place of Business, Penn Avenue Nr 72

Address 224 W Fayette Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8732

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 17 1876

Date of Death, March 13 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wm Thomas Bedda

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, —— *Years,* —— *Months,* 6 *Days.*

Color, Blk

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore. Life

Place of Death, {Give street and number} 12 Brewers alley

Cause of Death, {First (Primary.) / Second (Immediate,)} Convulsions

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician

Place of Burial, W. Pattenfield

Date of Burial, March 17 1876

M. D.

Undertaker, M. H. C. Perry

Place of Business, 448 W. Pratt St *Address* Commis of Health & Registrar.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Mr Perry — Supt P. Field [OVER.]

...spondent is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 8733

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 16 March 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Anna Miller

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 3 *Years,* 3 *Months,* *Days.*

Color, white *Sex,* female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 88 Orleans

Cause of Death, {First (Primary,) / Second (Immediate,)} Croup. / 2 Days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, 18th of March

{*Undertaker,* J. Haikmann / *Place of Business,* Bank Ltr.} *Address* 69 Augusta

M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8734

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 6th 1915

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Anna Shilling

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 67 *Years,* 1 *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Home wife

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Bavaria, Germany

Duration of Residence in the City of Baltimore, 41 years

Place of Death, { Give street and number. } 7 Dover St.

Cause of Death, { First (Primary,) Myocarditis

Second (Immediate,) 18 hours

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St. Stephens Cem. H. R. Register

Date of Burial, the 15th of March

M. D.
Medical Attendant.

Undertaker, 317 N. Howard St.

Place of Business, J. Kimmel. *Address* 17 N. Calhoun St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8735

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 17th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Ellen Barnes

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, ~~Years,~~ 3 *Months,* 16 *Days.*

Color, Blk

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 42 Shuter Street

Cause of Death, {First (Primary,) Cold — Second (Immediate,) Catarrh in head

Duration of Last Sickness, 3 weeks —

All the above information should be furnished by the Physician

Place of Burial, Laurel Cemetry

Date of Burial, March 18 1876

Undertaker, John W. Locke

Place of Business, Wolf St — *Address* Commis of Health & Registrar

M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by James Barnes — Father

[OVER.]

Physicians is respectfully invited to the remarks below, and to List of Diseases on back of [illegible] Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8736

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 1876

CERTIFICATE OF DEATH.

Date of Death, March 16th 11 P. M. 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Nicholas Lahner

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 64 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Blacksmith

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Bavarian Germany

Duration of Residence in the City of Baltimore, 26 Years

Place of Death, {Give street and number.} 71 S. Bethel

Cause of Death, {First (Primary,) / Second (Immediate,)} Supposed Heart disease

Duration of Last Sickness, 2 Hours.

All the above information should be furnished by the Physician.

Place of Burial, Mt. Hebron Cemetery

Date of Burial, March 18th.

Undertaker, H. Tifft

Place of Business, S. Bond St. 151

James E Donnelly M. D.
Medical Attendant.

Address 299 E Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

...Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

8737

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8737

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 16th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sarah A. E. Galloway

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 35 *Years,* 6 *Months,* 16 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Always

Place of Death, {Give street and number.} Scotts south of McHenry

Cause of Death, { First (Primary,) Cancer of Uterus
Second (Immediate,)

Duration of Last Sickness, About one year

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, March 17 1876

D. P. Hoffman M. D.
Medical Attendant.

Undertaker, I. B. Blackerby

Place of Business, 42 Balto St *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8738

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTERED MAR 17 1876 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, March 16 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sarah E. Woolford 3 Mother

Sex, Male ~~or Female;~~ {Cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* one hour *Days.*

Color, Blk

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 130 N. Register St

Cause of Death, {First (Primary.) Premature Birth
Second (Immediate,) Asthenia

Duration of Last Sickness, ———

All the above information should be furnished by the Physician

Place of Burial, Laurel Cemetery

Date of Burial, March 17 1876

Undertaker, Parents

Place of Business, ———

M. D.

Address Commissr of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Lucinda Woolford Mother

[OVER.]

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8737

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 16 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 16th 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Felix Myers.

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, Years, Twenty three Months, Days.

Color, White Sex, Male.

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City Md.

Duration of Residence in the City of Baltimore, Life time.

Place of Death, {Give street and number.} 85 Gist St. between Gough & Pratt Sts

Cause of Death, First (Primary,)

Second (Immediate,) Convulsions.

Duration of Last Sickness, Four hours.

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery Nicholas L. Dashiell M. D.
Medical Attendant.

Date of Burial, 18th instant

Undertaker, H. Lippel.

Place of Business, 151 S. Bond. *Address* 207 S. Broadway.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

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Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

...it No. 8710

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 18 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 16 — 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Gertrude Whelan

Sex, Male or Female, {Cross out the word not required in this line.} Fmle

Age, ... *Years,* ... *Months,* 16 *Days.*

Color, White *Sex,* ...

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ...

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.} No 24 Jefferson St near Ann

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number.} 24 Jefferson St near Ann

Cause of Death, First (Primary,) ...

Second (Immediate,) Dyptheria

Duration of Last Sickness, 4 Days.

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross.

Date of Burial, 18th March

{*Undertaker,* Wendelin Dippel

Place of Business, 151 S Bond.

Buckler Jones *M. D.*
Medical Attendant.

Address ...

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8741

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 18 1876 BALTIMORE

Date of Death, March 17th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John A. Lotze

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 77 *Years,* 8 *Months,* 4 *Days.*

Color, White *Sex,* Male

Married, ~~Single~~, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Manufactor of Shoe Tools

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Prussia

Duration of Residence in the City of Baltimore, 50 years

Place of Death, {Give street and number.} 104 W. Fayette St

Cause of Death, {First (Primary,) Paralisis
Second (Immediate,) Dysentary

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cem'try

Date of Burial, March 18th 1876

Theodore Lee M. D.
Medical Attendant.

{*Undertaker,* John L. Weaver
Place of Business, 22 W. Fayette St *Address* 146. Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8742

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

BOARD OF HEALTH MAR 10 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 17 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Conrad Kirchheimer

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 14 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth)} Balto City

Duration of Residence in the City of Baltimore. Life

Place of Death, {Give street and number.} Madison Alley near Orleans St

Cause of Death, {First (Primary,) / Second (Immediate,)} Convulsions

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician

Place of Burial, St Alphonsus Cem

Date of Burial, March 19 1876

Undertaker, John Braun

Place of Business, 77 S. Wolf St

Address Commrs of Health & Registrars

M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children

Information by John Braun Undertaker

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Cert. No. 87/13,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 19 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 17th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Frank A. Dietz

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 26 *Years,* 8 *Months,* uncertain *Days.*

Color, white *Sex,* male

~~*Married, Single, Widow or*~~ *Widower,* {Cross out the words not required in this line.}

Occupation, Carver.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Bavaria Germany

Duration of Residence in the City of Baltimore, 28 years

Place of Death, {Give street and number.} No 160 Lee St. (cor. Sharp St.)

Cause of Death, First (Primary,) Pulmonary Phtisis.

Second (Immediate,) Basilar Meningitis.

Duration of Last Sickness, one year.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem

Date of Burial, March 19th '76

Henry Salzer M. D.
Medical Attendant.

Undertaker, Michael Shane

Place of Business, No 280 Canton Av. *Address* 163 Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 8714

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 16 1876

CERTIFICATE OF DEATH.

Date of Death, March 15 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Samson

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 74 *Years,* 10 *Months,* — *Days.*

Color, Colored

Married, ~~Single, Widow or Widower~~. {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Near Cambridge Maryland

Duration of Residence in the City of Baltimore, Between 30 & Gay no.

Place of Death, {Give street and number.} # 139 Dallas St.

Cause of Death, {First (Primary.) Senile Debility

{Second (Immediate,)

Duration of Last Sickness, One month

All the above information should be furnished by the Physician

Place of Burial, Laurel Cemetery

Date of Burial, March 17th 1876

Undertaker,

Place of Business, 20 W. Fayette St

Geo. A. Harlan M. D.
Medical Attendant.

Address # 303 — Madison

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...Physician is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8715.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 18 1876

Date of Death, March 16th. 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Henry Scott

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, Two *Years,* Nine *Months,* *Days.*

Color, Colored *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 76 Harmon Lane.

Cause of Death, First (Primary,) Tuberculous Meningitis

Second (Immediate,) Convulsions

Duration of Last Sickness, Four weeks (?)

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 19th 1876

Undertaker, William S. Lingo

Place of Business, 20 Hanover St.

Chas. H. Neff M. D.
Medical Attendant.

Address 306 N. Gay Street.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...r Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8746.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 19th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Gardner R. Rasin

~~Sex~~, *Male* ~~or Female~~, {Cross out the word not required in this line.}

Age, 2y *Years,* 3 *Months,* *Days.*

Color, White *Sex,*

~~Married~~, *Single,* ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Child.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Balto Md

Duration of Residence in the City of Baltimore, All his life.

Place of Death, {Give street and number.} No 82 Mulberry Street

Cause of Death, First (Primary,) Diarrhoea

Second (Immediate,) Congestion of brain, with effusion consequent upon exhaustion.

Duration of Last Sickness, Two Weeks.

All the above information should be furnished by the Physician.

Place of Burial, Balto Cem.x

Date of Burial, March 19th 1876

Undertaker, Jacob Weaver

Place of Business, No 486 Druid Hill Avenue

C. Bolton M. D.
Medical Attendant.

Address No 16 E. Libert Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8714

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 16 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 4 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William J Barnes

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 6 *Years,* 7 *Months,* ——— *Days.*

Color, white *Sex,* ———

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ———

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, ———

Place of Death, {Give street and number.} 65 E. Fayette

Cause of Death, { First (Primary,) Scalatina

Second (Immediate.) ———

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery Edward B Arnold M. D.

Date of Burial, March 19th 76 Medical Attendant.

{ *Undertaker,* Jno H. Weaver *Address* ———

{ *Place of Business,* Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8718

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 19 1876 BALTIMORE MD.

Date of Death, March 17th 76

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Matthias Hildebrandt

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 33 *Years,* 5 *Months,* 2 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 20 Years

Place of Death, {Give street and number.} 340 Canton Av.

Cause of Death, First (Primary,) Double Pneumonia

Second (Immediate,)

Duration of Last Sickness, 11 Days.

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cem.

Date of Burial, March 19th 1876.

Undertaker, H. Hackett

Place of Business, 246 East Av.

C. Edward Miller M. D.
Medical Attendant.

Address 143 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

PHYSICIANS IS RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 8749.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 18 1876 BALTIMORE

Date of Death, March 17th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Patrick Joseph Flanagan

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 8 *Months,* ——— *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the wor is not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, 20 mos.

Place of Death, {Give street and number.} 14. Hollins Aly.

Cause of Death, First (Primary,) Scalds Face

Second (Immediate,) Uraemicoma

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Lazes Baltimore County

Date of Burial, March 18th 1876

Geo. Allen M. D.
Medical Attendant.

Undertaker, J. B. Cook

Place of Business, No. 707 West. Baltimore St. *Address* 59 1/2 Franklin St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Transit 391

[OVER.]

Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8750

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 18 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 17th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth M Mc Dowell

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 72 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow ~~or Widower~~, {Cross out the words not required in this line.}

Occupation, — none

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} Baltimore

Cause of Death, {First (Primary,) Diabetes
Second (Immediate,) Absorption of Heart's action

Duration of Last Sickness, Several Years

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet Cemetery

Date of Burial, March 20 1876

{*Undertaker,* J.W. Jenkins & Son
Place of Business, 16 Light St *Address*

F R Smith *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8751

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Mch 17th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henry L. Harden

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ——— *Years,* 6 *Months,* ——— *Days.*

Color, Colrd

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth)} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 71 Dover Street

Cause of Death, {First (Primary,) / Second (Immediate,)} Scrofula

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician

Place of Burial, Shaws St Cemetery

Date of Burial, Mch 19 1876

Undertaker, Jas Gray

Place of Business, Mulberry St

Address Commrs of Health & Registrars

M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Jas. Gray Undertaker

[OVER]

...PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8752

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 15. 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Trueman

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 5 *Years,* 5 *Months,* *Days.*

Color, C

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 5 years 5 mos

Place of Death, {Give street and number.} Md College at Balt

Cause of Death, First (Primary,) Peritonitis

Second (Immediate,)

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician

Place of Burial, Cathedral Cemetery

Date of Burial, March 18th 1876

Undertaker, Wm Jones Jr

Place of Business, 65 Saulsbury st

J H Patterson M. D.
Medical Attendant.

Address 23 Fayette st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...f Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8753

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 18 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 17 March 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Mc Tierney

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 63 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Merchant

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 23 years

Place of Death, {Give street and number.} Rose & Lanvale Sts

Cause of Death, First (Primary,) Congestion of Lungs

Second (Immediate,) Bronchitis.

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral Cem

Date of Burial, March 19th 1876

Undertaker, Chas T. Scriven

Place of Business, No 271 N Eutaw St

Mahony Brown M. D.
Medical Attendant.

Address 201 W. Biddle Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...or Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8754

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 16 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 16th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sarah Lytle

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 30 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Housewife

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Born Here

Place of Death, {Give street and number.} 12 Saratoga St

Cause of Death, First (Primary,) Child Birth Malformed Pelvis

Second (Immediate.) Labor Instrumental

Duration of Last Sickness, 4 Days

All the above information should be furnished by the Physician.

Place of Burial, St Vincents Cemetery

Date of Burial, March 18 1876

Undertaker, James P Byrne

Place of Business, No 63 N Gay St *Address* 134 E High St

S. T. Coyne M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...f Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8755

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 18th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Conrad Buckner

Sex, Male or ~~Female~~, {Cross on the word not required in this line.}

Age, 53 *Years,* 11 *Months,* *Days.*

Color, white *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Shoemaker

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 20 years

Place of Death, {Give street and number.} 100 Ruppert

Cause of Death, First (Primary,) Abominis

Second (Immediate,) Dropsy

Duration of Last Sickness, Four weeks confined to bed

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, March 20th 1876

H. Cohen M. D.
Medical Attendant.

Undertaker, Charles F. Herold *Address* 95 S. Sharp

Place of Business, 161 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...y ... respectively, attend to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8756

The Physician who attended any person in a last Illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 18 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 18th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Joseph Naber

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 19 *Years,* *Months,* *Days.*

Color, Black *Sex,*

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Seaman

Birthplace, {State or country (and how long in the United States, if of foreign birth.} —— Unknown

Duration of Residence in the City of Baltimore, ——

Place of Death, {Give street and number.} Univ. Hospital Lombard St.

Cause of Death, {First (Primary,) Phthisis / Second (Immediate,)

Duration of Last Sickness, one months

All the above Information should be furnished by the Physician.

Place of Burial, W. P. Field

Date of Burial, March 19th

{*Undertaker,* M. Tobin / *Place of Business,* 1148 W. Pratt St. *Address*

T. A. Ashby *M. D.*
Medical Attendant.

Univ. Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8757

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 18 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 18 — 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Maggie A Dower

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Six *Years,* Nine *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 541 N Lombard St

Cause of Death, First (Primary,) Scarlatina

Second (Immediate,)

Duration of Last Sickness, About Sixty-hours

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery D E Green M. D.

Date of Burial, March 19 " 76 Medical Attendant.

Undertaker, Hughes & Co

Place of Business, 532 W Fayette St *Address* 89 Mulberry St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8758

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 18 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 17 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Rachel A. Chase

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, *Years,* 21 *Months,* 5 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore.

Place of Death, {Give street and number.} 195 Howard st

Cause of Death, {First (Primary.) Phthisis Pulmonalis

Second (Immediate,)

Duration of Last Sickness, Three months

All the above information should be furnished by the Physician

Place of Burial, Laurel Cemetery

Date of Burial, 19"

Undertaker, J. N. Chase

Place of Business, Howard & Pitt

H W Webster M. D.
Medical Attendant.

Address 57. Barnes

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8759

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 18 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 17th March 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Fahnestock

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 85 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} York Pa

Duration of Residence in the City of Baltimore, 55 Years

Place of Death, {Give street and number.} Madison Avenue Extended

Cause of Death, First (Primary,) " Old age

Second (Immediate,) Softening of Brain"

Duration of Last Sickness, About 4 Years,

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetary

Date of Burial, March 19th 1876

Undertaker, Hughes & Co

Place of Business, 560 Fayette St

Capt Jones *M. D.*
Medical Attendant.

Address 530 W Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

F E T Y F I L

...ion of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8760

The Physician who attended any person in n last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 18 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 16— 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jacob G Down

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, Down *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} No 341 N. Fremont St.

Cause of Death, {First (Primary,) Pneumonia

{Second (Immediate.) About Thirty-six hours

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetary

Date of Burial, March 19th 1876

{*Undertaker,* Hughes & Co

{*Place of Business,* 530 Fayette St

D L Reese M. D.
Medical Attendant.

Address 87 Mulberry St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

KODAK S·A

...tion of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8761

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 18 1876 BALTIMORE

Date of Death, March. 17th.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Leona Mitchell

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, ——— *Years,* 2 *Months,* 7. *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} ~~28 Or~~ 28. Abeys alley

Cause of Death, First (Primary,)

Second (Immediate,) Convulsions

Duration of Last Sickness, 1 hour

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet C — Theodore Bratt M. D.

Date of Burial, March 19 — Medical Attendant.

Undertaker, J. B. Blackistone & Son *Address* 146 Hanover St

Place of Business, 606 Balt St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

ENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8762

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPT. MAR 19 1876 BALTIMORE

Date of Death, March 17th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Joseph S Doran

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, 34 *Years,* *Months,* *Days.*

Color, White

~~Married~~, *Single,* ~~Widow or Widower~~, {Cross out the words not required in this line.} Single

Occupation, Clerk

Birthplace, {State or country (and how long in the United States, if of foreign birth} a State of Maryland

Duration of Residence in the City of Baltimore, 34 years

Place of Death, {Give street and number.} 119 N High St

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate,) Asthenia

Duration of Last Sickness, About Five years

All the above information should be furnished by the Physician.

Place of Burial Woodlawn Cemetery

Date of Burial, March 19 1876

Undertaker, James P Byrne

Place of Business, No 63 N Front St

D Webster Cathell M. D.
Medical Attendant.

Address 16 S Exeter St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...ention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8713.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 17th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sarah Ann Hubbard.

~~Sex, Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 53 *Years,* 4 *Months,* 5 *Days.*

Color, White *Sex,*

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, 20 Years

Place of Death, {Give street and number.} 7 Patterson Av near Fremont st

Cause of Death, {First (Primary,) / Second (Immediate,) Consumption

Duration of Last Sickness, 3 Months.

All the above information should be furnished by the Physician.

Place of Burial, Batto Cemetery

Date of Burial, Monday March 20th H. F Nave M. D.
Medical Attendant.

Undertaker, J Chalmers *Address* Pine & Forrest

Place of Business, 262 Pine

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No.

Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 87611

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 19 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 17th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Magdalena Steffens

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 29 *Years,* 2 *Months,* 6 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Cumberland Md.

Duration of Residence in the City of Baltimore, 2 years

Place of Death, {Give street and number.} 91 S. Ann

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate)

Duration of Last Sickness, Since 4 Weeks.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, March 20th 1876

Undertaker, M. A. Daiger

Place of Business, 401 W. Balt'm'r

James E. Donnelle M. D.
Medical Attendant.

Address 299 E. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

ttention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

8765

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. [redacted]

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 19 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 17th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Adeline Waters

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 32 *Years,* *Months,* *Days.*

Color, Colored *Sex,* Female

[redacted], *Single,* [redacted] {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Anne Arundel Co. Md.

Duration of Residence in the City of Baltimore, Six years

Place of Death, {Give street and number.} 80 Chestnut alley

Cause of Death, {First (Primary,) Phthisis Pulmonalis

Second (Immediate,)

Duration of Last Sickness, Three years

All the above information should be furnished by the Physician.

Place of Burial, Sharpe Cemetery Thomas Sappington M. D.

Date of Burial, March 19. 1876 Medical Attendant.

{*Undertaker,* John C London

{*Place of Business,* No 63 Park *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

Permit No. 8766

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 19 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 18th 76

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Isabella Calvert

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, *Years,* *Months,* 20 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto city

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number.} 178 Scott St

Cause of Death, First (Primary,) Scrofula

Second (Immediate,) Convulsions

Duration of Last Sickness, life

All the above information should be furnished by the Physician

Place of Burial, Mount Olivet

Date of Burial, March 19

Undertaker, J. B. Blackistone & Son

Place of Business, 606 Balt St

A. H. Cumming *M. D.*
Medical Attendant

Address 76 Lee St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

...ttention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8767

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. BALTIMORE MAR 21 1876

CERTIFICATE OF DEATH.

Date of Death, March 18th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Fridany ~~Sarah~~ Locke

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 73 *Years,* *Months,* *Days.*

Color, W *Sex,*

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, ——— Did nothing for 14 yrs

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, ——— 30 Years

Place of Death, {Give street and number.} St. Josephs Hospital Cor. Caroline & Eutaw

Cause of Death, First (Primary,) Apoplexy.

Second (Immediate,) Asthenia

Duration of Last Sickness, 3 yrs.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, March 20 1876

Undertaker, Henry Keech

Place of Business, 30 & Central Ave *Address*

Oscar Haken M. D.

Medical Attendant.

St Josephs Hospl

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. ____

...ial Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8768

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 17-76

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Lewis

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 40 *Years,* ——— *Months,* ——— *Days.*

Color, African *Sex,* Male

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Buck Maker

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto, Md

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 217 Vine St

Cause of Death, First (Primary,) Spinal meningitis

Second (Immediate,) Asthenia

Duration of Last Sickness, 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 18/76

Undertaker, Wilson & Burger

Place of Business, 100 E Fayette St.

Geo T. King M. D.
Medical Attendant.

Address Edmondson Ave near Carrollton Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 8769

cial Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8769

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 18th 76

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Edward Johnson

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, 35 *Years,* — *Months,* *Days.*

Color, Black *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Plasterer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 4 years

Place of Death, {Give street and number.} 77 Dover St

Cause of Death, First (Primary,) Second (Immediate,) Disease of Heart

Duration of Last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, Harford County

Date of Burial, March 21

Undertaker, William A Lingo

Place of Business, 1004 East Pr

W B Smith M. D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

No. 8770

Board of Health, City of Baltimore,

Permit No. 8770

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 18th 1876.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Eliza Savinia Smith

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, two *Years,* 1 *Months,* Sixty *Days.*

Color, Mulatto *Sex,* Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, 2 Years

Place of Death, { Give street and number. } No 8 Pleasant St

Cause of Death, { First (Primary,) Enteritis
Second (Immediate,) Pneumonia
Two Weeks

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, 20 March 4 O'Clock

Edw. H. White M. D.
Medical Attendant.

{ *Undertaker,* George C. Rodenmyer
{ *Place of Business,* 38 Eager St *Address* 109 N. Gay St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

AL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

Permit No. 8771

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 19 March 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named give names of parents.} Andrew Clarke

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 50 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth} Ireland

Duration of Residence in the City of Baltimore. 26 yrs.

Place of Death, {Give street and number} 224 Preston st

Cause of Death, {First (Primary.) accidental Falls
Second (Immediate,) Concussion of Brain, Caused by a fall, about 12 hours!

Duration of Last Sickness,

All the above information should be furnished by the Physician

Place of Burial, Old Cathedral

Date of Burial, 20 March 2 Oclock

{*Undertaker,* George C Rodenmayer
Place of Business, 38 Eutaw St} *Address* 229 Cary st,

Geo C Ayle Coroner M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 8 [illegible]

Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8772

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 17th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Keeny

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 1 *Years,* 3 *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 431 Hamburg st

Cause of Death, First (Primary,) Dysentary B. Hem.

Second (Immediate,) Pneumonia

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cem. Dr. J. Buddeke & Son M. D.

Date of Burial, March 20th 1876 Medical Attendant.

Undertaker, W. H. Liston

Place of Business, Hamburg st Address No 116. Columbia Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

No. 4 8

Board of Health, City of Baltimore,

Permit No. ~~4 4~~ 8773

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Mar. 18th 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James H. Johnson

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, 40 *Years,* 1 *Months,* *Days.*

Color, White *Sex,* Male.

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.} Married

Occupation, Chair Maker.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} No. 282 N. Pond St

Cause of Death, First (Primary,) Consumption,

Second (Immediate.)

Duration of Last Sickness, One Year,

All the above information should be furnished by the Physician.

Place of Burial, Balt mr.

Date of Burial, March 21

Undertaker, Wm Fry

Place of Business, 54 N Broadway

Geo. H. Grayson M. D.
Medical Attendant.

Address No. 18 Aisquith St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. [illegible]

SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8774

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 18th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Friedrich Thudt

Sex, Male or Female, {Cross out the word not required in this line,} Male

Age, 34 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore.

Place of Death, {Give street and number.} 150 German

Cause of Death, {First (Primary.) Pneumonia / Second (Immediate,)

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician

Place of Burial, Alms Houses Cem.

Date of Burial, March 20th 1876

Edwd F. Michael M. D.
Medical Attendant.

Undertaker, Jos A Byrne

Place of Business, 5 Gn Liberty St Address 279 W. Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

No. [illegible]

Board of Health, City of Baltimore,

Permit No. 8775

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last Illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 19th 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jane S. Sterett

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 64 *Years,* 3 *Months,* *Days.*

Color, White *Sex,* Female

Married, ~~Single,~~ *Widow or* ~~Widower,~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Over 60 years

Place of Death, {Give street and number.} No 208 Saint Paul St.

Cause of Death, First (Primary,) "Apoplexy"

Second (Immediate,) Death Sudden

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery Griffin Buckler M. D.

Date of Burial, March 21 Medical Attendant.

Undertaker, R. Kennedy Sons

Place of Business, Gilmor & Butler *Address* 135 Charles St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

No. 1 1 1

Board of Health, City of Baltimore,

Permit No. 8776

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

MAR 20 1876

Date of Death, 20 March 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Catharine Sheehan

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 38 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt. City life

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 108 Pennsylvania Avenue.

Cause of Death, First (Primary,) Phthisis

Second (Immediate,) Asthenia

Duration of Last Sickness, 3 years.

All the above information should be furnished by the Physician.

Place of Burial, Cathedral, Emily Martin Brown M. D.

Date of Burial, May 20th 1876 Medical Attendant.

Undertaker, J. Abrahms

Place of Business, 262 Penn ave *Address* 201 W. Biddle.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 1 1 1

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8777.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 20 1876

CERTIFICATE OF DEATH.

Date of Death, March 20 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Hester Dannenberg

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 1 *Years,* 9 *Months,* *Days.*

Color, White. *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 24 Douglas

Cause of Death, First (Primary,) Scarlatina

Second (Immediate,)

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Hill R. C. Cemetery *Thomas B. Hurst* *M. D.*

Date of Burial, 23 March 76 Medical Attendant.

Undertaker, S. Herzog

Place of Business, 91 E Fayette St *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 2[illegible]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8778

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 18 - 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Louisa Andreeks

Sex, Male or Female, {Cross out the word not required in this line.} .....

Age, Three Years, Eleven Months, Days.

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, House Keeper

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Darmouth Germany

Duration of Residence in the City of Baltimore. About Twenty four years

Place of Death, {Give street and number.} No 65 Clay St

Cause of Death, First (Primary,) Parturition

Second (Immediate,) Septicaemia

Duration of Last Sickness, About Twenty-two days

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cemetery

Date of Burial, 21st of March

Undertaker, P. Kummeto

Place of Business, 317 Mulberry St.

D. Sullivan M. D.
Medical Attendant.

Address 29 Mulberry St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

No. 9

Board of Health, City of Baltimore,

Permit No. 8779

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

RECEIVED BUREAU MAR 20 1876 BALTIMORE

Date of Death, March 19th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Louis D Damuan

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Years, 6 Months, Days.

Color, White *Sex,* Male

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 191 Mulberry Street

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 191 Mulberry street

Cause of Death, {First (Primary,) Pneumonia

{Second (Immediate,)

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, 21st of March

{*Undertaker,* P. Kimmel

{*Place of Business,* 311 Mulberry St. Address 143 Mulberry street

A Dorsey M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

No. 1110

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8780

The Physicinn who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 18 1876.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mary Hack

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, Fifty *Years,* 0 *Months,* 0 *Days.*

Color, white *Sex,* Female.

~~*Married,* *Single,* *Widow or* *Widower,*~~ { Cross out the words not required in this line. }

Occupation, Storekeeper.

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Germany 26 years in U.S.

Duration of Residence in the City of Baltimore, 24 Years.

Place of Death, { Give street and number. } 1142 Vine Street

Cause of Death, { First (Primary,) Second (Immediate,) } Icterus Two Weeks

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, 20th March

Undertaker, [illegible]

Place of Business, 317 Baltimore St. *Address*

John J. Litter. *M. D.*

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 5741

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8784

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 17th 76

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} M. Antonet Simmonds

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 22 *Years,* *Months,* *Days.*

Color, Col.d

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Prussia 20 years in U S

Duration of Residence in the City of Baltimore, 1 year

Place of Death, {Give street and number.} 39 E Sanford St

Cause of Death, First (Primary,) Confinement

Second (Immediate,) Sudden collapse on exertion

Duration of Last Sickness,

All the above information should be furnished by the Physician

Place of Burial, Green Mount Cemetery

Date of Burial, March 22 1876

Undertaker, James P Byrne

Place of Business, 163 N Frent St

Edmund Rmaker M. D.

~~Medical Attendant.~~

Address Town

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 5 1

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certi...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8782

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 20 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 19th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Walter S. Robinson

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, Five (5) *Years,* *Months,* Fourteen (14) *Days.*

Color, White *Sex,* Male

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City Md.

Duration of Residence in the City of Baltimore, Five Years 14 Days

Place of Death, {Give street and number.} No 92 Parkin St.

Cause of Death, {First (Primary,) Scarlatina
Second (Immediate,)

Duration of Last Sickness, Nine (9) Days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County *John. D Blake* M. D.

Date of Burial, March 22 1876 Medical Attendant.

Undertaker, John S Thacher

Place of Business, No 150 Lexington *Address* No. 136. Scott St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 8[illegible]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certi[illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8783

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH STREET MAR 20 1876 BALTIMORE

Date of Death, March 17th 1876.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Chas. H. Spence

Sex, Male or Female, { Cross out the word not required in this line. }

Age, ____ *Years,* 8 *Months,* ____ *Days.*

Color, Black *Sex,* Mal[illegible]

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, ____

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Waverly, Balto.

Duration of Residence in the City of Baltimore, 5 months

Place of Death, { Give street and number. } No 5 Greenwillow st.

Cause of Death, { First (Primary,) Scrofula

Second (Immediate,) Exhaustion,

Duration of Last Sickness, three months

All the above information should be furnished by the Physician.

Place of Burial, Waverly Balto Co

Date of Burial, March 20 1876

{ *Undertaker,* H. Schilling

Place of Business, 72 Penn ave *Address* [illegible]

about 4 hours **M. D.**

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 0

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certi

Board of Health, City of Baltimore,

Permit No. 8784

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 30 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 18th 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Harriet Thomas

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 27 *Years,* — *Months,* — *Days.*

Color, Colored, *Sex,* Female.

~~*Married, Single,*~~ *Widow or* ~~*Widower*~~, {Cross out the words not required in this line.}

Occupation, Waiter & Ironer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Northampton Co Virginia.

Duration of Residence in the City of Baltimore, 22 Years.

Place of Death, {Give street and number.} 11 St Paul's Ave

Cause of Death, First (Primary,) Hemoptysis,

Second (Immediate,) Pulmonary Consumption

Duration of Last Sickness, 12 Months,

All the above information should be furnished by the Physician.

Place of Burial, Wharf Cemetery

Date of Burial, March 20 76

Undertaker, W W Chase

Place of Business, 71 N Howard St

Chas. A. Beer M. D.
Medical Attendant.

Address 161 S Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 1 /

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certi

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8785

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Mch 18th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Smith

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, Thirty (30) *Years,* *Months,* *Days.*

Color, Col *Sex,* F

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Cook

Birthplace, {State or country (and how long in the United States, if of foreign birth.} U. S.

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 53 Biddle Alley

Cause of Death, First (Primary,) Consumption

Second (Immediate,) Has suffered by its

Duration of Last Sickness, several months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Mar 20 76

Undertaker, S. M. Gibson

Place of Business, 192 Bond St

W. W. Perrin M. D.
Medical Attendant.

Address 192 Bond St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

No.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certi

Board of Health, City of Baltimore,

Permit No. 8786

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 20 = 76

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Frederick Weider

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 64 *Years,* 11 *Months,* 15 *Days.*

Color, White *Sex,* Male

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, ~~Barber~~ Tailor,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Bavaria

Duration of Residence in the City of Baltimore, 21 Years

Place of Death, {Give street and number.} 12 f Saratoga St

Cause of Death, {First (Primary,) Chronic Ulcer of Stomach

{Second (Immediate,)

Duration of Last Sickness, 1 Year

All the above information should be furnished by the Physician.

Place of Burial, Baltimore cemt

Date of Burial, March 22d 9 o'clock

Geo L. Rice M. D.
Medical Attendant.

Undertaker, Conrad Kundel

Place of Business, No 60 Park ave *Address* 62 Park Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No.

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this C[illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8787

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 19th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mattie Gordon

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 26 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Supposed in Va

Duration of Residence in the City of Baltimore, 9 years

Place of Death, {Give street and number.} 159 Eastern Av.

Cause of Death, First (Primary,) Chronic Dyspepsia

Second (Immediate,) Consumption

Duration of Last Sickness, Short

All the above information should be furnished by the Physician

Place of Burial, Old Methodist burial ground

Date of Burial, March 21 1876

Undertaker, [illegible] P. Dorsey

Place of Business, [illegible]

R. C. Lee M. D.

~~Medical Examiner~~ Coroner 3, D.

Address N. W. cor Hanover & Baltimore sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 1 /

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 8788

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 2 March 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Oswald

Sex, Male or Female, {Cross out the word not required in this line.} Male.

Age, ____ *Years,* ____ *Months,* 28 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Foundling

Duration of Residence in the City of Baltimore, 26 days

Place of Death, {Give street and number.} St Vincents Infant Asylum

Cause of Death, First (Primary,) Atrophy

Second (Immediate,) Hydrocephaloid

Duration of Last Sickness, 24 hours

All the above information should be furnished by the Physician

Place of Burial, Cathedral Cemetery

Date of Burial, 4 March 1876

Undertaker, Samuel Bowen

Place of Business, 156 Division St.

Mabury Brown M. D.
Medical Attendant.

Address 201 W. Biddle St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 8714

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 8789

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 19 March 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, *Years,* *Months,* 4 2 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Foundling

Duration of Residence in the City of Baltimore, 9 days

Place of Death, {Give street and number.} St Vincents Infant Asylum

Cause of Death, First (Primary,) atrophy when admitted

Second (Immediate,) Hydrocephaloid convulsions

Duration of Last Sickness, 4 hours

All the above information should be furnished by the Physician.

Place of Burial Cathedral Cemetery

Date of Burial, 21 March 1876

Undertaker, Samuel Bowen

Place of Business, 156 Division St.

Mahlon Brewer M. D.
Medical Attendant.

Address 201 W. Biddle St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 1

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8790

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 21st

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie Dodd

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 30 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. Md.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 416 ~~Eutaw~~ S. Charles St

Cause of Death, First (Primary,) Consumption,

Second (Immediate,)

Duration of Last Sickness, 9 weeks

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery J. H. Harrington M. D.

Medical Attendant.

Date of Burial, March 24th 1876

Undertaker, Jacob Weaver *Address* 321 Light St.

Place of Business, No 416 Druid Hill Ave City

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

No. 8[illegible]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8791

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 21 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 21/76

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jno Earl McKay

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ~~Years,~~ 4 *Months,* 13 *Days.*

Color, White *Sex,* Male

~~Married, Single, Widow~~ or Widower, {Cross out the words not required in this line.}

~~Occupation~~,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto Md

~~Duration of Residence in the City of Baltimore.~~

Place of Death, {Give street and number.} 82 Parkin St.

Cause of Death, First (Primary,) Spasms.

Second (Immediate,) Spasms

Duration of Last Sickness, 9 hours

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, March 21/76

Undertaker, J B Cook

Place of Business, 707 W. Balt. St

D. L. Price M. D.
Medical Attendant.

Address 579 N Limit St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8792

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 21 1876 BALTIMORE

Date of Death, 20th March 1876 6 o'clock A.M.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wilhelmine Rijnen

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 33 *Years,* 2 *Months,* 20 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth)} Landwehrhagen, Hannover, Prussia

Duration of Residence in the City of Baltimore. 13 years

Place of Death, {Give street and number.} S. Bond Street 254½

Cause of Death, {First (Primary,) Hydrometra

Second (Immediate,) Partus immaturus

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician

Place of Burial, Baltimore Cemetery

Date of Burial, March 22th 1876.

Undertaker, L. Eckhart

Place of Business, 269 Canton Av

William Skeel M. D.
Medical Attendant.

Address S. Wolfe St. 117.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 7

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8793,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 21 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March. 17.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Peter Davis

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 24 *Years,* 1 *Months,* ——— *Days.*

Color, Black *Sex,* Male

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 16 Years

Place of Death, {Give street and number.} 33 Williamson St

Cause of Death, {First (Primary,) Softening of the Brain

Second (Immediate,) 1 Year

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, W. Potters Field Sherwood Bolton M. D.

Date of Burial, March 21st 1876 Medical Attendant.

Undertaker, M. H. C. Perry

Place of Business, W. Pratt St *Address* 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 1

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 8794

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 21 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 22d

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Margt Luttle

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 6 *Years,* 9 *Months,* *Days.*

Color, White *Sex,* Female

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. Md.

Duration of Residence in the City of Baltimore, Life time.

Place of Death, {Give street and number.} 28 Rockett.

Cause of Death, {First (Primary,) / Second (Immediate,)} Scarlet.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, March 21st 1876

Undertaker, H. S. Cook

Place of Business, No 767 W Baltimore Street

J. G. Wallbaum M. D.

Medical Attendant.

Address. 88 N. Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

E T Y ▲ F I L M

No.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 8795

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 20 March 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Johnnie B Holly dau

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 23 *Years,* 6 *Months,* 26 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Phila Pa

Duration of Residence in the City of Baltimore, 14 years

Place of Death, {Give street and number.} 32 N. Eutaw

Cause of Death, First (Primary,) Phthisis

Second (Immediate,)

Duration of Last Sickness, About One year

All the above information should be furnished by the Physician.

Place of Burial, Green Mt. Cy.

Date of Burial, 21 March 1876

Undertaker, A.W. Lenhein & Son

Place of Business, 16 Light St

Jno. B. Holliday M. D.
Medical Attendant.

Address Cant P. O.
Balto. Co.

HEALTH DEPT. BALTIMORE MAR 21 1876

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

D A K S A F E

No. 5796

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

Permit No. 8796

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

MAR 21 1876 BALTIMORE

Date of Death, March 20th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Willie Longood

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ——— *Years,* 11 *Months,* ——— *Days.*

Color, Col'd

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 11 Arch Street

Cause of Death, {First (Primary.) Second (Immediate,)} Marasmus

Duration of Last Sickness, all its Life

All the above information should be furnished by the Physician.

Place of Burial, W. Potter's Field

Date of Burial, March 24th 1876

Undertaker, M. H. C. Perry

Place of Business, W. Pratt St *Address* Commiss of Health & Registrar

M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Capt Dan'l Lefevre W. P. Station

No. 877

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8797

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

MAR 31 1876

Date of Death, March 20th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Maggie Hoffman

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ~~Years~~, 1/4 *Months,* ~~Days~~.

Color, White

~~Married, Single, Widow or Widower,~~ {Cross out the words not required in this line.}

~~Occupation,~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} No 252 Durham st

Cause of Death, First (Primary,) Pneumonia.

Second (Immediate,)

Duration of Last Sickness, Seven days

All the above information should be furnished by the Physician

Place of Burial, St Paul Cemetery

Date of Burial, March 21st 1876

Undertaker, H. Forbush

Place of Business, 246 Eastern Av

Thomas D. Evans M. D.
Medical Attendant.

Address No 18 Jackson Square

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 2 7 7

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8798

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 31 1876 BALTIMORE

Date of Death, March 20. 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sarah Hannah

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 58 *Years,* *Months,* *Days.*

Color, Mulatto *Sex,* Female

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Cook

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore, Md.

Duration of Residence in the City of Baltimore, 58 years

Place of Death, {Give street and number.} 121. Canal st.

Cause of Death, First (Primary,) Hydro-Peritonum.

Second (Immediate,) Asthenia

Duration of Last Sickness, 7 mos.

All the above information should be furnished by the Physician.

Place of Burial, Second Cemetery

Date of Burial, March 21 1876

W. E. O'Reilly M. D.
Medical Attendant.

Undertaker, S. H. Chase

Place of Business, S. Howard's *Address* # 235. N. Broadway.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

No. 5774

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8799

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 19th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Homer Owen Mahone

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 2 *Months,* 1 *Days.*

Color, White

Married, ~~Single~~, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 11 Centre Market

Cause of Death, {First (Primary,) ..... Second (Immediate,) Acute Hydrocephalous

Duration of Last Sickness, One Week

All the above information should be furnished by the Physician

Place of Burial, St Peters Cemetary

Date of Burial, March 21st

Undertaker, Mr James Byrnes

Place of Business, 9 Front St

Geo. W. Reynolds M. D.
Medical Attendant.

Address 34 North Calvert

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8800

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 19th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mrs. Jennie Whelan

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 23 *Years.* *Months,* *Days.*

Color, W *Sex,*

~~Married, Single~~, *Widow* ~~or Widower~~, {Cross out the words not required in this line.}

Occupation, Saleswoman

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Hagerstown Md.

Duration of Residence in the City of Baltimore, 1 yr.

Place of Death, {Give street and number.} St. Joseph's Hosp & Caroline & Eutaw

Cause of Death, First (Primary,) Intercalsis

Second (Immediate,) Exhaustion

Duration of Last Sickness, 1 yr.

All the above information should be furnished by the Physician.

Place of Burial, St. Vincents Cemetery Dr. J. Carey M. D.

Date of Burial, May 21 1876

[redacted], Undertaker

Place of Business, Institution *Address* St. Joseph's Hospl

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8801

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 21st 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Matthew Gardner

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, 62 *Years,* *Months,* *Days.*

Color, Black

Married, ~~Single~~, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Grain Measurer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore city

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 70 Dover st

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Shaft St burying Ground {Washington Road}

Date of Burial, March 22/76 4 P.M.

Undertaker, Samuel Chase

Place of Business, Grain Measurer

J. Thomas Scott M. D.
Medical Attendant.

Address 70 Hanover st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

No. 580

Board of Health, City of Baltimore,

Permit No. 8802

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 20th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles Francis Lecompte

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, Years, Eight Months, Days.

Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} North 184

Cause of Death, First (Primary.)

Second (Immediate,) Pneumonia

Duration of Last Sickness, One Month

All the above information should be furnished by the Physician

Place of Burial, Cathedral Cemetery

Date of Burial, March 21st 1876

Undertaker, Wm James Gray

Place of Business, 65 Mulberry St

E. A. Baldwin M. D.
Medical Attendant.

Address 124 N. Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8803

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. MAR 21 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 20th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named give names of parents.} Jennie Brown

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Seven Years, Months, Days.

Color, Colored

Married, Single, Widow or Widower {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth)} St Mary's Co, Md

Duration of Residence in the City of Baltimore, 6 Months

Place of Death, {Give street and number} 13 Penn alley

Cause of Death, {First (Primary.) / Second (Immediate,)} Croup 4 Days,

Duration of Last Sickness,

All the above Information should be furnished by the Physician

Place of Burial, Cathedral Cemetery

Date of Burial, March 22 1876

Undertaker, Wm E Gray

Place of Business, 63 Madison St

Geo G Glenn, M. D. Medical Attendant.

Address 229 Cary St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

L. Steward Health Off

No. 3 1[illegible]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8804

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEPT. OF HEALTH
MAR 21 1896

CERTIFICATE OF DEATH.

Date of Death, March 20 1896

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie Hawthorne

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 4 *Years,* — *Months,* 17 *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} City.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 54 S. Bond

Cause of Death, First (Primary,) Scarlatina

Second (Immediate,)

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, St. Mathews Cemetery

Date of Burial, March 22 d. Wm B Arnold M. D.
Medical Attendant.

Undertaker, Michael Funk

Place of Business, No 35 Bond St. *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8805

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 20th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Griffith A White

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 5 8 *Years,* *Months,* 13 *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Carpenter

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore. life

Place of Death, {Give street and number} 106 S Green St

Cause of Death, {First (Primary.) Inflammation of Bowels — {Second (Immediate,)} 4 Days —

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, ~~Green Mount~~ Lemuel

Date of Burial, March 22d 1876

Undertaker, John S Thacher

Place of Business, No 150 Eastern Ave

A. H. Bunting M. D.
Medical Attendant.

Address 76 Saca St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 8806

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 20 1876

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mary Anne Chance.

Sex, ~~Male~~ or *Female,* { Cross out the word not required in this line. } Female

Age, 2 *Years,* 6 *Months,* *Days.*

Color, White *Sex,* —

~~*Married*~~, *Single*, ~~*Widow*~~ or ~~*Widower*~~, { Cross out the words not required in this line. }

Occupation, —

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, —

Place of Death, { Give street and number. } No 188½ Montgomery St

Cause of Death, { First (Primary,) Sarcoma Malignant

Second (Immediate,) 21 hours

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, March 22d 1876

{ *Undertaker,* Anthony Denny

{ *Place of Business,* 263 Light St

H. B. Noble M. D.
Medical Attendant.

Address 17 Warren Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No.

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8807

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 21st 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Bridget King

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 2 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 753 Chester Street

Cause of Death, {First (Primary,) / Second (Immediate,)} Asthenia

Duration of Last Sickness,

All the above information should be furnished by the Physician

Place of Burial, Holy Cross

Date of Burial, March 22nd

Undertaker, H. M. Gebmeyer

Place of Business, Centre St Address Commiss of Health & Registrar

M. D.

~~Medical Attendant~~

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Informant — H. M. Gebmeyer

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8808

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 21 1876

Date of Death, March 19, 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charlotte E Thomson

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 29 *Years,* *Months,* *Days.*

Color, *Sex,*

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. Md.

Duration of Residence in the City of Baltimore, 29 Years

Place of Death, {Give street and number.} N. E. (or Court and Parkin &c

Cause of Death, {First (Primary,) Phthisis

Second (Immediate,) 4 months

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park C.

Date of Burial, March 21. 1876

{*Undertaker,* J. B. Blackistone & Son

Place of Business, 606 Ball st

H. L. Power *M. D.*

Medical Attendant.

Address 362 N. Howard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. ____

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8809

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 19 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Jane Morton B Matthew

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ____ *Years,* 2 *Months,* ____ *Days.*

Color, Blk

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth} Balto City

Duration of Residence in the City of Baltimore. Life

Place of Death, {Give street and number.} 2 Hospitals Balto City

Cause of Death, {First (Primary,) / Second (Immediate,)} Calomel in Head

Duration of Last Sickness, all its life

All the above information should be furnished by the Physician

Place of Burial, E. Patten Field

Date of Burial, March 21 1876

Undertaker, Chas. Sheppen

Place of Business,

Address Commissioners of Health & Registrar

M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Mary Jane Morton mother [illegible]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8810

The Physician who attended any person in a last Illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 21 1876

Date of Death, March 20th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Eugene Connor

~~Sex~~, *Male* ~~or Female~~, {Cross out the word not required in this line.}

Age, 18 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

~~Married~~, *Single,* ~~Widowed~~, {Cross out the words not required in this line.}

Occupation, Farmer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Washington D. C.

Duration of Residence in the City of Baltimore, Five weeks

Place of Death, {Give street and number.} Washington Univerty Hospital

Cause of Death, First (Primary,) Dysentery

Second (Immediate,)

Duration of Last Sickness, One month

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral Cem

Date of Burial, March 22d 1876

A. L. Wolfe (Per A. V. Perry Jr.) M. D.
Medical Attendant.

Undertaker, Jos P Byrne

Place of Business, 63 ½ Front st Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFI...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8811

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

MAR 21 1876 BALTIMORE

Date of Death, March 19th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} I. B. Saunders

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 37 Years, Months, Days.

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Officer at City Jail Baltimore

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 276 John St

Cause of Death, {First (Primary,) Bright's disease of the kidneys} {Second (Immediate,) Possibly—Dr y Ear

Duration of Last Sickness,

All the above information should be furnished by the Physician

Place of Burial, St Vincents Cemetery

Date of Burial, March 22nd 1876

Undertaker, James P Byrne

Place of Business, No 63 Front St

Edwd. J. Nicholland M. D.
Medical Attendant.

Address 279 W. Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 8812

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 1876

CERTIFICATE OF DEATH.

Date of Death, March 19th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sarah Mountcastle

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 21 *Years,* — *Months,* — *Days.*

Color, Black *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, 21 years

Place of Death, {Give street and number.} 7 Hamilton's Alley

Cause of Death, First (Primary,) Consumption

Second (Immediate,)

Duration of Last Sickness, Three months

All the above information should be furnished by the Physician.

Place of Burial, Dallas St Cemetry

Date of Burial, March 22nd 1876

Undertaker, John W. Locke

Place of Business, 57 S. Wolfe St- *Address* 57 S. Wolfe St

J. E. Pearson M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of ...

Board of Health, City of Baltimore,

Permit No. 8813

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 22 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 18[illegible]76

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Reid

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 20 *Years,* *Months,* *Days.*

Color, Black *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 10 years

Place of Death, {Give street and number.} 129 Hudson St

Cause of Death, First (Primary,) Pulmonary

Second (Immediate,) Consumption

Duration of Last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, Dillon's Cemetery

Date of Burial, Nov 22

E. J. Williams M. D.
Medical Attendant.

Undertaker, John H. Lake

Place of Business, 157 S. High

Address 700 E. Fleet St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of ...

Board of Health, City of Baltimore,

Permit No. 8814

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR

CERTIFICATE OF DEATH.

Date of Death, March 20.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Julia M. Briscoe

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 1. *Years,* 1. *Months,* 21. *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 7 James Alley

Cause of Death, First (Primary,) Scarlatina

Second (Immediate.) Diphtheria

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, Bath Cemetery

Date of Burial, March 22d 1886

Undertaker, Worthy Denny

Place of Business, 263 Light St

Jerome Cook M. D.
Medical Attendant.

Address 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8815 T,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 23 1876

Date of Death, March 21st 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} ~~Ella Dixon~~ Mary A. Anderson

~~*Sex,* *Male* or *Female,*~~ {Cross out the word not required in this line.}

Age, ~~Years,~~ 6 *Months,* ~~[illegible]~~, *Days.*

Color, Black *Sex.*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} No 10 Coens alley

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No. 14 few alley

Cause of Death, First (Primary,) Catarh -

Second (Immediate,)

Duration of Last Sickness, Five weeks

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, March 22d 1876

{*Undertaker,* Wm Sams Gray

Place of Business, 65 Mulberry St

F. B. Gardner M. D.
Medical Attendant.

Address 121 Mulberry St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Form.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8816

The Physician who attended any person in a last Illness is responsible for the presentation of this Certificate, correctly filled out, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death occurs, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Mch 20. 76

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Richard Howard

~~*Sex, Male or Female,*~~ {Cross out the word not required in this line.}

Age, ~~Years,~~ ~~Months,~~ 13 *Days.*

Color, White *Sex,* Male

~~*Married,*~~ *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} md -

Duration of Residence in the City of Baltimore, 13 days

Place of Death, {Give street and number.} Maxwells Stone mr Eutaw & extended

Cause of Death, First (Primary,) Icterus

Second (Immediate,)

Duration of Last Sickness, 6 days -

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 22d 1876

Undertaker, Wm Gimes Son

Place of Business, 63 Mulberry St

C G L Dauphin M. D.

Medical Attendant.

Address 1297 Biddle St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8817

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

MAR

Date of Death, Mar. 20th/76

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Eugene McGuire

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ~~54~~ *Years,* 6 *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. Md.

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 12 Mebolen Row

Cause of Death, First (Primary,) Bronchial Catarrh

Second (Immediate,)

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Buriad, Holy Cross Cemetery

Date of Burial, 22nd Inst. 10 O'Clock

Undertaker, Geo. G. Rodenmayer

Place of Business, 38 Carson St. *Address* 166 E. Eager St.

Jno. Buxton Brune M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back

Board of Health, City of Baltimore,

Permit No. 8818 — OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

MAR 22 1876 REGISTER DEPT. BALTIMORE

Date of Death, 21 March 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Frederick Charles Gerlach

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, 1 *Years,* 8 *Months,* 9 *Days.*

Color, white *Sex,* male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 317 Hamburg Street

Cause of Death, First (Primary,) Scarlatina

Second (Immediate,) Convulsions

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, 23 March 1876

Undertaker, P. Seewald

Place of Business, S. Eutaw St 35.

A. F. Reinhard M. D.
Medical Attendant.

Address 224 W Fayette Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8819,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 21st of March

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth A. Doubleday

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 63 *Years,* 6 *Months,* *Days.*

Color, White *Sex,*

Married, ~~Single, Widow or Widower~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, always.

Place of Death, {Give street and number.} No 509 Fountain St

Cause of Death, { First (Primary,) Pneumonia / Second (Immediate,)

Duration of Last Sickness, 8 Days

All the above information should be furnished by the Physician.

Place of Burial, Western C.

Date of Burial, March 12

Undertaker, J. B Blackistone & Son

Place of Business, 606 Batt St *Address*

J Schmitz M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on Back.

Board of Health, City of Baltimore,

Permit No. 8820

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 21 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles Theodore Chance

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Years, 6 Months, 7 Days.

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 188½ Montgomery St

Cause of Death, First (Primary,) Scarlatina Malignant

Second (Immediate,) 6 Days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, March 22d 1876

Undertaker, Wm Thompson

Place of Business, 261 Light St

C. B. Noble M. D.
Medical Attendant.

Address 17 Warren Av

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on [illegible]

Board of Health, City of Baltimore,

Permit No. 8821

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 24th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George. E. Blake

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, Years, Four (4) Months, Eight (8) Days.

Color, Black *Sex,* Male

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, 4 Months & 8 Days

Place of Death, {Give street and number.} No 47. Walker St

Cause of Death, First (Primary,) Inguinal Hernia Strangulated

Second (Immediate,) Peritonitis

Duration of Last Sickness, three (3) days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Mar 25 76

Jno. D. Blake M. D.
Medical Attendant.

Undertaker, H. W. Chase

Place of Business, 98 Hanover St *Address* No 136. South St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of th

Board of Health, City of Baltimore,

Permit No. 8827

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Mar. 18th. 1876

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Ann Lockwood

Sex, Male or Female, { Cross out the word not required in this line. }

Age, *Years,* —

Color, Black *Months,* — *Days.*

Married, Single, Widow or Widower, { Cross out the words not required in this line. } *Sex,* Female

Occupation, None

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Howard Co. Md.

Duration of Residence in the City of Baltimore, 25 years

Place of Death, { Give street and number. } No. 5 Parish B.

Cause of Death, { First (Primary,) Debility. / Second (Immediate,) Pneumonia

Duration of Last Sickness, 5 months

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, March 22. 1876

{ *Undertaker,* S. H. Shaw

{ *Place of Business,* No 198 Howard St

Chas. H. Buckley M. D.
Medical Attendant.

Address 28 Park Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of ...

Board of Health, City of Baltimore,

Permit No. 8823.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

MAR 22 1876

Date of Death, 21st March 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lawrence Enright Kirk

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 3 *Years,* *Months,* 21 *Days.*

Color, white *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 40 Arlington Av.

Cause of Death, First (Primary,) Scarlatina

Second (Immediate,) Pneumonia & Heart affection

Duration of Last Sickness, Three weeks.

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, March 22nd 1876

Undertaker, J. B. Cook

Place of Business No 704 W. Baltimore Street

John Ford M. D.
Medical Attendant.

Address 274 Hollins

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8824

The Physician who attended any person in his last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 22 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 21st 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ann Harris

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.} Female

Age, 82 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, ~~*Single,*~~ *Widow or* ~~*Widower,*~~ {Cross out the words not required in this line.} Widow

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland - in the Country 40 years

Duration of Residence in the City of Baltimore, + 40 years

Place of Death, {Give street and number.} Cumming's st No 121

Cause of Death, First (Primary,) Pneumonia 24 hours

Second (Immediate,)

Duration of Last Sickness, One Month

All the above information should be furnished by the Physician.

Place of Burial, St Peters cemetery

Date of Burial, March 23rd 1876

J H Pue Wolfe M. D.
Medical Attendant.

Undertaker, S. B Cook

Place of Business, No 907 N Baltimore street *Address* 251 West Lombard st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases [illegible]

Board of Health, City of Baltimore,

Permit No. 8826

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 22 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 21st March 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ann Elliott

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 69 *Years,* *Months,* *Days.*

Color, White *Sex,*

~~Married, Single~~, Widow ~~or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} England

Duration of Residence in the City of Baltimore, 42 years

Place of Death, {Give street and number.} 242 N Bond St

Cause of Death, First (Primary,) Chronic Softening of Brain

Second (Immediate,) Exhaustion

Duration of Last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, Hall's Cemetery Wm. L. Hewitt M. D.

Date of Burial, March 23 1876 Medical Attendant.

Undertaker, Wm Fry

Place of Business, N Broadway *Address* 12 Broadway & Broadway Pl

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on...

Board of Health, City of Baltimore,

Permit No. 8826

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

MAR 22 1876

Date of Death, March 21st 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Effie Gay

Sex, Male or Female, {Cross out the word not required in this line.}

Age, nine *Years,* five *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, none

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 161 North Caroline Street.

Cause of Death, First (Primary,) Suppose from a fall

Second (Immediate,) Congestion of the brain

Duration of Last Sickness, About three days

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, March 22d 1876

Undertaker, Geo Schilling

Place of Business, Monument Sq

Milton A Taylor M. D.
Medical Attendant.

Address 103 N Fremont Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on Back

Board of Health, City of Baltimore,

Permit No. 8827

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 24th Mar. 1876

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Maggie Clancy

Sex, ~~Male or~~ *Female,* { Cross out the word not required in this line. }

Age, 5 yrs. *Years,* 4 *Months,* 11 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Balt. City. Md. both

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 4 Balt St

Cause of Death, { First (Primary,) Convulsions

Second (Immediate.)

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, March 22 1876

{ *Undertaker,* James & Byrne

{ *Place of Business,* 1163 N Front St

John F. Monmonier M. D.
Medical Attendant.

Address 5 h Ch. Calvert & Mulberry

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. ~~X~~ 8828

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 21st 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John F Baldwin

Sex, Male or Female, {Cross out the word not required in this line.} X

Age, 16 *Years,* *Months,* *Days.*

Color, White *Sex,* X

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.} ?

Occupation, Moulder

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Lamel P.G. Co Md

Duration of Residence in the City of Baltimore, 25 years

Place of Death, {Give street and number.} 162 Conway st

Cause of Death, First (Primary,) Typhoid Pneumonia

Second (Immediate,) "

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, March 23

{*Undertaker,* H Brice

{*Place of Business,* Harriet St 81

Wm C Knowles M. D.
Medical Attendant.

Address 55 Sharp st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8829

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 22d 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Helen M. Stribling

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 76 *Years,* — *Months,* — *Days.*

Color, White *Sex,*

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Norfolk, Virginia

Duration of Residence in the City of Baltimore, 1 year

Place of Death, {Give street and number.} 595 Lexington St.

Cause of Death, First (Primary,) General debility

Second (Immediate,) — —

Duration of Last Sickness, About 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Oak Hill Cemetery Washington City D.C. H. L. Stallon M. D.

Date of Burial, March 24th 1876 Medical Attendant.

Undertaker, J. H. Coombs

Place of Business, No 707 W. Baltimore Street *Address* 581 Lexington St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

(Transit 392)

MAR 22 1876 BALTIMORE

T Y ▲ F I L M ■

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this

Board of Health, City of Baltimore,

Permit No. 8830

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 20th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Emeline Bee

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 13 *Days.*

Color, Blk

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore. Life

Place of Death, {Give street and number.} 45 Peach alley

Cause of Death, {First (Primary,) Cold

{Second (Immediate,) Bronchitis

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician

Place of Burial, Knaps Shurt City

Date of Burial, March 23rd 1876

Undertaker, Parent Sam Bee

Place of Business, ——— *Address* Commiss of Health

M. D. ~~Registrar~~

MAR 22 1876 BALTIMORE

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information James Bee Father

[OVER.]

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8831

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 21 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lida Smith

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 6 5 *Years,* *Months,* *Days.*

Color, Col'd

Married, Single, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Cook

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, 15 years

Place of Death, {Give street and number.} 33 Oxford st Balt Md

Cause of Death, {First (Primary,) Pneumonia Second (Immediate,)

Duration of Last Sickness, about 3 Months

All the above information should be furnished by the Physician

Place of Burial, Sharp St ground

Date of Burial, March 23 1876

Undertaker, Jno C Gordon

Place of Business, 63 Park Ave

J T Ballauf *M. D.*
Medical Attendant.

Address 28 Franklin

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

K O D

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 8832

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, August 21st 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ann Burke

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Seventy Five *Years,* *Months,* *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation, Washer Woman

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore. Life time

Place of Death, {Give street and number.} 113 Harmony Lane

Cause of Death, {First (Primary,) Typhoid Pneumonia
Second (Immediate,)}

Duration of Last Sickness, 1

All the above information should be furnished by the Physician

Place of Burial, Burial Cemetery

Date of Burial, March 23 1876

Undertaker, John C. Gordon

Place of Business, 63 Park Ave

C. C. Hoin *M. D.*
Medical Attendant.

Address 220 Hillen St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on Back.

Board of Health, City of Baltimore,

Permit No. 8833,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 21st 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Anna Maria Frey

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 63 *Years,* 9 *Months,* 16 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 22 years.

Place of Death, {Give street and number.} 322 Aisquith st.

Cause of Death, First (Primary,) Acute Nephritis

Second (Immediate,)

Duration of Last Sickness, 14 days

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cemetery

Date of Burial, March 23

Undertaker, Adam Fink.

Place of Business, N. Gay St 461.

Address 2[illegible]

Wm. F. Jones M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on

Board of Health, City of Baltimore,

Permit No. 8834

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 22 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 21st 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Grace Seabrook Brown

~~*Sex, Male or Female,*~~ {Cross out the word not required in this line.}

Age, 8 *Years,* 4 *Months,* 6 *Days.*

Color, White *Sex,*

~~*Married*~~, *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, School-girl

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, all her life

Place of Death, {Give street and number.} 318 Light St.

Cause of Death, {First (Primary,) Scarlatina & Rubeola

{Second (Immediate,)

Duration of Last Sickness, About One week

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, March 23 1876 Dr. Casey Thomas M. D.
Medical Attendant.

{*Undertaker,* H. H. Jenkins

{*Place of Business,* 16 Light St *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on [illegible]

Board of Health, City of Baltimore,

Permit No. 8835

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 23 1896

Date of Death, March 21st 1896 11:45 P M

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Washington Adams Lynch

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 24 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Painter

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 53 S. Caroline St.

Cause of Death, {First (Primary,) Phthisis Pulmonalis

{Second (Immediate,)

Duration of Last Sickness, 2 Years

All the above Information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Mar 23/96

Undertaker, Cumby

Place of Business, 454 N Broadway

James E. Emerille M. D.
Medical Attendant.

Address 299 E. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

...special attention of Physicians is respectfully invited to the remarks below, and to List of Diseases...

Board of Health, City of Baltimore,

Permit No. 8836

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 23 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 21st 1876

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Sarah Newton Temple

Sex, ~~Male or~~ *Female,* { Cross out the word not required in this line. }

Age, 20 years *Years,* *Months,* *Days.*

Color, W. *Sex,* F.

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, { Cross out the words not required in this line. }

Occupation, Help Keep

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Va.

Duration of Residence in the City of Baltimore, 3 years.

Place of Death, { Give street and number. } N. 37 Eden St.

Cause of Death, { First (Primary,) Pneumonia / Second (Immediate,) ———

Duration of Last Sickness, 5 Weeks

All the above Information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery A. T. Reynolds M. D.

Date of Burial, Mar 24 76 Medical Attendant.

Undertaker, Austin

Place of Business, 54 N Broadway *Address* Eastern Dispensary.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on

Board of Health, City of Baltimore,

Permit No. 8837

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

MAR 23 1876

Date of Death, March 22 1876

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Geo Taylor Farmer

~~*Sex, Male or Female,*~~ { Cross out the word not required in this line. }

Age, 9 *Years,* 9 *Months,* 22 *Days.*

Color, *Sex,*

~~*Married,*~~ *Single,* ~~*Widow or Widower.*~~ { Cross out the words not required in this line. }

Occupation, School Boy

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Unknown

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 64 Eutaw Street

Cause of Death, First (Primary,) Diphtheria

Second (Immediate,) Laryngeal Complication

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, March 23d 1876 Wm Carey Thomas M. D.

Medical Attendant.

Undertaker, Jacob Weaver

Place of Business, No 46 Druid Hill Ave Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases [illegible]

Board of Health, City of Baltimore,

Permit No. 5838 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPT. MAR 23 1896

Date of Death, March 21st

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George Ladson

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 58 *Years,* — *Months,* — *Days.*

Color, white *Sex,* male

Married, ~~Single~~, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Junk Dealer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Washington D C

Duration of Residence in the City of Baltimore, about 30 yrs

Place of Death, {Give street and number.} No 158 Jefferson st

Cause of Death, {First (Primary,) Phthisis pulmonalis, Second (Immediate,) Asthma

Duration of Last Sickness, about 1 week

All the above information should be furnished by the Physician.

Place of Burial, Balto Cem.

Date of Burial, Mar 23d 2. P.M. C. J Kluebe M. D.

Medical Attendant.

{*Undertaker,* R. L. Hall

{*Place of Business,* 222 E Baltimore *Address* 222 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8839

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 22nd 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Elizabeth Hachtel

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.} Female

Age, 57 *Years,* 5 *Months,* 12 *Days.*

Color, Dr Scotch *Sex,*

Married, ~~Single, Widow or Widower~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baden Germany

Duration of Residence in the City of Baltimore, 39 years

Place of Death, {Give street and number.} Cor Orchard & Monument Sts

Cause of Death, First (Primary,) Softening of the Brain

Second (Immediate,)

Duration of Last Sickness, two months

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Friday 24th

Undertaker, Fritz Trittron

Place of Business 118 Lombard St

D H Bruns M. D.
Medical Attendant.

Address Eutaw House
Paca & Fayette Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8840

The Physician who attended any person in a last Illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Mar. 23rd 76

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mrs Catherine Sheradin

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 67 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, Dont know

Place of Death, {Give street and number.} Asst. Little Island of the Poor

Cause of Death, First (Primary,) Cold —

Second (Immediate,) Bronchial Catarrh

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemet

Date of Burial, March 2d 1876

Undertaker, H. Schuetter

Place of Business, E. Monument St

Jno. Burke Boyle M. D.
Medical Attendant.

Address 166 E. Eager St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8841

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

MAR 23 1876

Date of Death, Mar. 22nd. 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Adam Finichertshauser

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, 39 *Years,* 5 *Months,* *Days.*

Color, white *Sex,* Male.

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.} Married

Occupation, Sugar Keeper.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany.

Duration of Residence in the City of Baltimore, 19 Years

Place of Death, {Give street and number.} 128. E. Fayette st

Cause of Death, First (Primary,) Phthisis Pulmonalis.

Second (Immediate,) Apnoea.

Duration of Last Sickness, Most three days. (Cannot ascertain the exact time.)

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, March 24 1876

Undertaker, Oh Koning

Place of Business, 136. E Fayette.

H. R. Fetterhoff M. D.
Medical Attendant.

Address 77 George st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8842

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 22d

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Eugene James Davis

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 24 *Years,* — *Months,* 11 *Days.*

Color, Mulatto

Married, Single, ~~Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Hailer

Birthplace, {State or country (and how long in the United States, if of foreign birth} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 15 S. Regester St

Cause of Death, {First (Primary,) Phthisis Pulmonalis

{Second (immediate,)

Duration of Last Sickness, 4 Month

All the above information should be furnished by the Physician

Place of Burial, Laurel Cemetery

Date of Burial, 23d March

Undertaker, Wm. N. Dunger

Place of Business, 162 East St

Jno. F. Benson *M. D.*
Medical Attendant

Address 114 Hanover St City

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8843,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 1876 OF

Date of Death, March 22 1876.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Elizabeth Sprouse

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 29 *Years,* 11 *Months,* 15 *Days.*

Color, white *Sex,* female

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Married

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, since born

Place of Death, { Give street and number. } 96 Lemmert

Cause of Death, First (Primary,) Typhoid Pneumonia

Second (Immediate,)

Duration of Last Sickness, 11 days

All the above information should be furnished by the Physician.

Place of Burial, Old Thos Cooke Wm. C. Lewis M. D.

Date of Burial, March 24 1876 Medical Attendant.

Undertaker, Henry Stroeh

Place of Business, 70 Hanover st *Address* 97 E. Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 8814

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 23rd

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie Sommers

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 13 years *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, 13 yrs

Place of Death, {Give street and number.} 258 E Chase St

Cause of Death, First (Primary,) Morbus Brightii

Second (Immediate.)

Duration of Last Sickness, Years — exact period unknown

All the above information should be furnished by the Physician.

Place of Burial, St. Thomas's Winter J. A. Warner M. D.

Date of Burial, March 24, 1876 Medical Attendant.

Undertaker, Henry Block

Place of Business, 109 Central Ave *Address* 256 N. Eden

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The special attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on

Board of Health, City of Baltimore,

Permit No. 8845

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 22nd March 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} MacClane Hall C—

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 2 6 *Years,* — 1 *Months,* — *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, No—

Birthplace, {State or country (and how long in the United States, if of foreign birth.} New York City

Duration of Residence in the City of Baltimore, 3 weeks

Place of Death, {Give street and number.} Balt: Candler Hotel

Cause of Death, First (Primary,) Phthisis

Second (Immediate,) Pneumonia

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Morristown New Jersey

Date of Burial, ✓

F. Duckett M. D.
Medical Attendant.

Undertaker, Henry M. Jenkins Son

Place of Business, 16 Light St — *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Transit 393.

Special attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8846

The Physician who attended any person in a last Illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Mch 23d 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Nathaniel E Spriggs

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 33 *Years,* 7 *Months,* 17 *Days.*

Color, White *Sex,* Male

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Caulker

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto city

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number.} 443 Hamburg St

Cause of Death, First (Primary,) Bright Disease

Second (Immediate,)

Duration of Last Sickness, 8 mos.

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemetery

Date of Burial, March 24th 1876

M Hennessy *M. D.*
Medical Attendant.

Undertaker, John Mackin

Place of Business, No 150 Camden St *Address* 76 S Exeter St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 8847

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 21 March 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named give names of parents.} Gertrude Brun

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Years, 17 Months, Days.

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} St Mary's County Md.

Duration of Residence in the City of Baltimore, 5 hrs

Place of Death, {Give street and number.} St Vincents Infant asylum

Cause of Death, First (Primary,) Hydrocephalus

Second (Immediate,) Convulsions

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, March 23

Undertaker, [illegible]

Place of Business, 262 Penn Av

Mahony Brown M. D.
Medical Attendant.

Address 201 W. Biddle St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8818

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 20th 1896

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named give names of parents.} Mrs. Sarah A. Bell

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, Fifty Nine Years, ——— Months, ——— Days.

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.} Married

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth)} Virginia

Duration of Residence in the City of Baltimore, Eleven Years

Place of Death, {Give street and number.} No. 93 North Bond St.

Cause of Death, {First (Primary,) Consumption / Second (Immediate,) ———

Duration of Last Sickness, Six Weeks

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, March 22nd 1896

{*Undertaker,* Hughes & Co.
{*Place of Business,* 65 S Broadway

Wm. A. Coulson M. D.
Medical Attendant.

Address No. 93 N. Bond St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 8849

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
MAR
23
1876
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 22

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James Murphy.

Sex, Male or ~~Female,~~ {Cross out the word not required in this line.}

Age, 40 *Years,* *Months,* *Days.*

Color, White *Sex,*

~~Married~~, Single, ~~Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, ——

Birthplace, {State or country (and how long in the United States, if of foreign birth.} ——

Duration of Residence in the City of Baltimore, ——

Place of Death, {Give street and number.} Univ Hospital

Cause of Death, First (Primary,) Phthisis

Second (Immediate,) asthenia

Duration of Last Sickness, 42 days

All the above information should be furnished by the Physician.

Place of Burial, W. P. Field

Date of Burial, March 23rd.

T. A. Ashby M. D.
Medical Attendant.

Undertaker, A. M. le Dieu

Place of Business, 448 W. Balt. St. Address Univ. Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8850.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 22nd 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named give names of parents.} Camilla Giles

Sex, Male or Female, {Cross out the word not required in this line,}

Age, 5 Years, 2 Months, ——— Days.

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ———

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth)} Balto. City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number} 253 Montgomery St.

Cause of Death, {First (Primary,) Second (Immediate,)} Consumption 3 months

Duration of Last Sickness,

All the above information should be furnished by the Physician

Place of Burial, Laurel Cemetery

Date of Burial, 23

Undertaker, Hatche & Ross

Place of Business, 180 West St

R. C. Lee M. D.

N. W. Cor Coroner 3, D.

Address Hanover & Barre Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The special attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on Ba...

Board of Health, City of Baltimore,

Permit No. 8857

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 29 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 23d. 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Joseph T Thorney

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 4 *Years,* 9 *Months,* 28 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Woodberry Balto Co. Md.

Duration of Residence in the City of Baltimore, 2 years

Place of Death, {Give street and number.} 108 Fort- st-

Cause of Death, First (Primary,) [redacted] Pneumonia-membranous Laryngitis

Second (Immediate,)

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, Balt: Cemetary

Date of Burial, March 25

J. E. Harrington M. D.
Medical Attendant.

Undertaker, Armstrong & Denny

Place of Business, No 265 Light st *Address* 321 Light st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 8852 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 22nd 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Howard Lenblinen

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, Three *Years,* 8 *Months,* 22 *Days.*

Color, White *Sex,* male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 63 Lee St

Cause of Death, First (Primary,) Scarletina

Second (Immediate,) "

Duration of Last Sickness, Between two & three weeks

All the above Information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, Mch 24 1876

Undertaker, John S. Machen

Place of Business, 150 Camden st *Address* 512 W Balto st

E Gover Cox M. D.
Medical Attendant.

MAR 23 1876

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Physicians is respectfully invited to the remarks below, and to List of Diseases

Board of Health, City of Baltimore,

Permit No. 8853

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 29 1876 BALTIMORE

Date of Death, March 23th, 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sarah Mc Kevitt } Parents
Edward McKevitt }

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, —— *Years,* —— *Months,* 3 *Days.*

Color, white *Sex,* female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 212 E. Chase St.

Cause of Death, { First (Primary,) Atelectasis Pulmonum
{ Second (Immediate,)

Duration of Last Sickness, two — birth

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, March 24th 1876

Undertaker, W. H. Hickman

Place of Business, Bay Street

M. B. Billingslea M. D.
Medical Attendant.

Address Cor. Harford Ave & Biddle St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on

Board of Health, City of Baltimore,

Permit No. 8857

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 20th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wm Henry Johnson

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* One *Months,* twenty eight *Days.*

Color, black *Sex,* male

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, infant

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City Md

Duration of Residence in the City of Baltimore, 1 mo 28 days

Place of Death, {Give street and number.} No 11 Castle St

Cause of Death, {First (Primary,) Catarrh / Second (Immediate,) Congestion of lungs.

Duration of Last Sickness, five days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetry

Date of Burial, March 23rd 1876

Wm R Way M. D.
Medical Attendant.

Undertaker, John M Locke

Place of Business, 58 South Wolf st *Address* 19 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8855

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

MAR 1878

Date of Death, March 22nd

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ally Upshur

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 18 *Years,* *Months,* *Days.*

Color, Brown

Married, Single, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, Seamstress

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Fessenden Va

Duration of Residence in the City of Baltimore, 7 years

Place of Death, {Give street and number.} 7 Rose alley

Cause of Death, First (Primary,) Puerperal Convulsions

Second (Immediate,)

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery.

Date of Burial, March 24th

Undertaker, John C. Jordan.

Place of Business, 63 Park ave

R. M. Hall M. D.

Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8856

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

UNITED STATES MAR 23 1876 CENTRAL DEPOT

Date of Death, March 23rd 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Thos V. Hassan

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, 37 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth} Philadelphia

Duration of Residence in the City of Baltimore, 8 years

Place of Death, {Give street and number} 172 Bank St

Cause of Death, {First (Primary,) Pulmonary Consumption / Second (Immediate,)

Duration of Last Sickness, Possibly 3 or 4 years –

All the above information should be furnished by the Physician

Place of Burial, ~~Christ Church Cem~~ Phila. Pa.

Date of Burial, March 27th 1876.

Edwd. F. Mitchell M. D.
Medical Attendant

Undertaker, H W Jenkins & Son

Place of Business, 16 Light St

Address 279 N. Louden

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Transit 39th

[OVER.]

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8857

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 24 1876 BALTIMORE

Date of Death, March 22 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George A. Dorsey

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, One *Years,* ——— *Months,* ——— *Days.*

Color, Blk

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth} Balto City

Duration of Residence in the City of Baltimore. Life

Place of Death, {Give street and number.} 19 Jenkins Alley

Cause of Death, {First (Primary,) Cold — {Second (Immediate,) Pneumonia

Duration of Last Sickness, 4 weeks

All the above information should be furnished by the Physician

Place of Burial N. Sharp St Cemy

Date of Burial, March 25 1876

M. D.

Undertaker, John C. Gordon

Place of Business, Park St *Address* Commiss of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Edward E. Dorsey Father [OVER.]

Board of Health, City of Baltimore,

Permit No. 8859

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPT. MAR 24 1876 BALTIMORE MD.

Date of Death, March 24 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Frederick Vansant Hofer Ward Side Perina

Sex, Male or Female, {Cross out the word not required in this line.} Male.

Age, *Years,* 9 *Months,* *Days.*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto city.

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number.} 159 ~~Eut~~ Fremont

Cause of Death, {First (Primary,) Pneumonia

{Second (Immediate,) Hydrocephalus Acute

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician

Place of Burial, Western Cemetery

Date of Burial, March 25 1876

{*Undertaker,* John Meacher

{*Place of Business,* No 157 Camden St.

A Kenny M. D.
Medical Attendant.

Address 761 Paca St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Special attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8859

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 22 1876

CERTIFICATE OF DEATH.

Date of Death, March 23d 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Emma E Risters

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, *Years,* 2 *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, ~~Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 136 Fremont st. (North

Cause of Death, First (Primary,) Indigistion

Second (Immediate,) "

Duration of Last Sickness, Since birth

All the above information should be furnished by the Physician.

Place of Burial, Evergreen Chapel

Date of Burial, Mon 27th

John D Pennington M. D.
Medical Attendant.

Undertaker, Mr Wm D Devey

Place of Business, No 265 E. Pratt st Address 98 N Green st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8860

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 24 1876

CERTIFICATE OF DEATH.

Date of Death, March 23rd 1876

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Daniel Holtzman

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 73 *Years,* *Months,* 7 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Married

Occupation, Formerly Policeman

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Md. Co. Md.

Duration of Residence in the City of Baltimore, about 70 yrs

Place of Death, { Give street and number. } 511 E. Washington St.

Cause of Death, { First (Primary,) } { Second (Immediate,) } Paralysis

Duration of Last Sickness, 15 months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, March 24th 1876.

{ *Undertaker,* Wm. H. Hileman
{ *Place of Business,* 234 E. Gay St.

C. C. E. [illegible] *M. D.*
Medical Attendant.

Address 19 S. Eutaw St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8861

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 1876

CERTIFICATE OF DEATH.

Date of Death, March 25th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Lockwood

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 56 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Tailor

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 54 Green St

Cause of Death, First (Primary,) Believed to be a disease of the heart.

Second (Immediate,) Cut Jugular vein post mortem.

Duration of Last Sickness, about an hour & half.

All the above information should be furnished by the Physician

Place of Burial, Western Cem.

Date of Burial, March 26th

Undertaker, W. J. Wickes

Place of Business, 65 N. Eutaw St

Geo. C. Gilcrease, M. D.
Medical Attendant.

Address 229 Cary St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8862

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. STATE MD. MAR 24 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Thursday March 23

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Hannah Roth

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, — *Years,* 7. — *Months,* 21. — *Days.*

Color, White *Sex,* —

~~Married~~, *Single,* ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, [redacted]

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 423 Eastern Avenue

Cause of Death, First (Primary,) Scarlet Fever

Second (Immediate,) Brain Complications

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cemetery

Date of Burial, March 24 th

Abram B. Arnold M. D.
Medical Attendant.

Undertaker, W. Siffel

Place of Business, S. Bond st. 151 *Address* 7 N. High St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back.

Board of Health, City of Baltimore,

Permit No. 8863

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 23d 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Malvina Elizabeth Mitchell

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, Four *Years,* Three *Months,* *Days.*

Color, Colored *Sex,* Female

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} West Island, Md.

Duration of Residence in the City of Baltimore, Six Months

Place of Death, {Give street and number.} 100 Druid Hill Ave.

Cause of Death, First (Primary,) Purpura Hemorrhagica

Second (Immediate,) Exhaustion from Epistaxis and Hematemesis

Duration of Last Sickness, Six days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 24, 1876

Undertaker, Tilghman & Bishop

Place of Business, 100 Druid Hill Ave *Address*

Linden Ellicott M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8814

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 24 1876

CERTIFICATE OF DEATH.

Date of Death, March 23d 1876

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Annie Grace Priscilla

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 7 *Years,* 11 *Months,* 14 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } Alley running west from No 1 Bleury St between

Cause of Death, { First (Primary,) Pleurisy Bronchitis
Second (Immediate,) [illegible]

Duration of Last Sickness, 14 Days

All the above information should be furnished by the Physician.

Place of Burial, Mt Lowe

Date of Burial, March 25th 1876

Undertaker, Wm. L. Lowe

Place of Business, 1 [illegible] East St.

[illegible] *M. D.*
Medical Attendant.

Address 195 N. Frederick

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

FILM

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8865

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPT. MAR 16 1876

Date of Death, March 20

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Dickerson

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, about 28 *Years;* *Months,* *Days.*

Color, Black *Sex,* Female

Married, Single, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Servant

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Caroline Co Md.

Duration of Residence in the City of Baltimore, 8 years

Place of Death, {Give street and number.} 63 Dolphin st

Cause of Death, {First (Primary,) / Second (Immediate,)} Phthisis

Duration of Last Sickness, 1 year

All the above information should be furnished by the Physician.

Place of Burial, Near Ten Caroline county md

Date of Burial, March 26th 1876

Undertaker, William A. Lange

Place of Business, No 184 East St

Chas C Benzing M. D.
Medical Attendant.

Address Cor Broadway & Bank

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

(Transit. 395)

SAFETY

The special attention of Physicians is respectfully invited to the remarks below, and to List of Diseases [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8866

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

RECEIVED FEB MAR 25 1876

CERTIFICATE OF DEATH.

Date of Death, March 23rd 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mr. Ebenezer Stuck

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 37 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Cecil County Md

Duration of Residence in the City of Baltimore, 32 years

Place of Death, {Give street and number.} 27 N. Broadway

Cause of Death, First (Primary,) Tubercular Consumption

Second (Immediate,)

Duration of Last Sickness, One year.

All the above information should be furnished by the Physician.

Place of Burial, Greenmount *Wm. L. Russell* M. D.

Medical Attendant.

Date of Burial, March 25

Undertaker, [redacted] *Address* Cor Broadway

Place of Business, 218 E. Baltimore Fredrick St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

KODAK

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8867

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 23th. March 1876 to clock after noon

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henry Herkinhain

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 66 *Years,* 9 *Months,* —— *Days.*

Color, white

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Carpenter

Birthplace, {State of country (and how long in the United States, if of foreign birth.} Heingrind, Darmstadt, Germany

Duration of Residence in the City of Baltimore, 24 years

Place of Death, {Give street and number.} Stocton street No 73.

Cause of Death, {First (Primary.) Second (Immediate,)} ~~24 years~~ Carcinoma ventriculi 4 months

Duration of Last Sickness,

All the above information should be furnished by the Physician

Place of Burial, Western Cemetery

Date of Burial, March 26th 1876

Undertaker, Adam Weidemeyer

Place of Business, 518 N. Baltimore St.

William Flenel M. D
Medical Attendant

Address S. Wolfe St. 117

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children

[OVER.]

...physician is respectfully invited to the remarks below, and to list of diseases &c.

Board of Health, City of Baltimore,

Permit No. 8868

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 25 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Willie Rof. James

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, Years, 5 Months, 3 Days.

Color, White *Sex,* Female

Married, Single, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 176 Montgomery St

Cause of Death, First (Primary,) Congestion of Lungs

Second (Immediate,) 8 hours

Duration of Last Sickness,

All the above Information should be furnished by the Physician.

Place of Burial, Easton Md H. B. Dobb M. D.

Date of Burial, Mar 25 Medical Attendant.

Undertaker, Arnold Young & Deny

Place of Business, No 263 Light St. Address 17 Hanover

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8819

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 25 1876 BALTIMORE

Date of Death, March 24th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jas L. Camp

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 60 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Clerk

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 106 Eutaw st

Cause of Death, {First (Primary,) Second (Immediate,)} Supposed Apoplexy Sudden death

Duration of Last Sickness,

All the above information should be furnished by the Physician

Place of Burial, Green Mt Cemetery

Date of Buriol, March 26th 1876

Undertaker, John S Thatcher

Place of Business, No 150 Eutaw st

Geo C Pyle Coroner M. D.
Medical Attendant.

Address 229 Cross st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8870

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 25 1876

Date of Death, March 23rd 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named give names of parents.} Henry M. Holton

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 28 *Years,* 11 *Months,* 2 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Clerk —

Birthplace, {State or country (and how long in the United States, if of foreign birth)} Balto. City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} No 242 Conway St.

Cause of Death, {First (Primary.) Consumption

{Second (Immediate,) 4 Months

Duration of Last Sickness,

All the above information should be furnished by the Physician

Place of Burial, Waverly B. County

Date of Burial, March 25th 1876

{*Undertaker,* John S Hacker

{*Place of Business,* No 150 Canton

R C Lee M. D.
Coroner ~~Baltimore~~ B. C.
Address N.W. cor Hanover & Barre Sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on bac

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8871

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 25 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 23rd 1876

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Peter Lowe

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 1 *Years,* 7 *Months,* 12 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, since born.

Place of Death, { Give street and number. } 7 Eutaw st Lexington Court

Cause of Death, { First (Primary,) Second (Immediate,) } Convulsions

Duration of Last Sickness, 1 day

All the above information should be furnished by the Physician.

Place of Burial, St. Peters B. Ground

Date of Burial, March 26, 1876

{ *Undertaker,* M. A. Dwyer
{ *Place of Business,* 74 S. Broadway

W. H. Davis M. D.
Medical Attendant.

Address 7 Fort Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8872

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 25 1876 BALTIMORE

Date of Death, March 24 76

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} W. E. Brandt

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 20 *Years,* 6 *Months,* 24 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Butcher

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore.

Place of Death, {Give street and number.} South W. Cor Monroe & Balto.

Cause of Death, {First (Primary,) Rheumatism & Intemperance / Second (Immediate,) Valvular disease of Heart

Duration of Last Sickness, Eight days

All the above information should be furnished by the Physician

Place of Burial, London Park

Date of Burial, March 26 76

Undertaker, J. B. Cook

Place of Business, 707 N. Balto St.

J. Lee Hall M. D.
Medical Attendant.

Address 154 Hanover

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on

Board of Health, City of Baltimore,

Permit No. 8873

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 25 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 24th 1876

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents } Margaret Loftus

Sex, ~~Male~~ *or Female,* { Cross out the word not required in this line. } Female

Age, 59 *Years,* 2 *Months,* 24 *Days.*

Color, White *Sex,* Female

~~*Married, Single, Widow*~~ *or Widower,* { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Delaware

Duration of Residence in the City of Baltimore, 25 yrs.

Place of Death, { Give street and number. } 35 Bruce St.

Cause of Death, First (Primary,) Consumption

Second (Immediate,) Exhaustion

Duration of Last Sickness, 18 months

All the above information should be furnished by the Physician.

Place of Burial, Prot. E. Ground Lot

Date of Burial, March 26th 76

Undertaker, Jacob Weaver

Place of Business, 476 West ave

W. B. Griffith M. D.

Medical Attendant.

Address 117 W. Madison St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...Physicians is respectfully invited to the remarks below, and to List of Diseases on ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8874

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 25 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 24th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Stanislaus Schimmelinger

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 50 *Years,* 2 *Months,* *Days.*

Color, white *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Tailor

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany 23 years

Duration of Residence in the City of Baltimore. 23 years

Place of Death, {Give street and number.} 42 Clay St.

Cause of Death, First (Primary,) Dropsy

Second (Immediate,) Dropsy of Kidneys

Duration of Last Sickness, 7 weeks

All the above information should be furnished by the Physician.

Place of Burial, Sweet Home

Date of Burial, March 26

Undertaker, Conrad Kunkle

Place of Business, 60 Park Ave

G. Liebmann M. D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

The special attention of Physicians is respectfully invited to the remarks below, and to List of Diseases o...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8875

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 25 1875

CERTIFICATE OF DEATH.

Date of Death, March 23d

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Loyd. Butler

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, — *Years,* 2 *Months,* 5 *Days.*

Color, Black *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 81. Ledenhall

Cause of Death, First (Primary,) Pneumonia

Second (Immediate.) Since Birth

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Loudenslager

Date of Burial, March 25 1875

Sheridan Potts M. D.
Medical Attendant.

Undertaker, [illegible]

Place of Business, [illegible] *Address* 146 Hanover st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8876

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 25 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 21st 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jane Mackey

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 60 *Years,* *Months,* *Days.*

Color, Colored *Sex,* Female

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Eastern Shore Maryland.

Duration of Residence in the City of Baltimore, 50 Years.

Place of Death, {Give street and number.} 198 Dover St.

Cause of Death, First (Primary,) Inflammation & Congestion of the Brain

Second (Immediate,) Cerebral Spinal Meningitis

Duration of Last Sickness, Eleven days.

All the above information should be furnished by the Physician.

Place of Burial, Laurel County

Date of Burial, March 26, 76

Undertaker, Samuel H. Chase

Place of Business, 1718 Hanover East

Ed. Pere M. D.
Medical Attendant.

Address 161 E. Pratt St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...Physicians is respectfully invited to the remarks below, and to List of Diseases ...

Board of Health, City of Baltimore, ..

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8877

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 25 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 24 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Emma E. Ryan

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 5 *Years,* — *Months,* 10 *Days.*

Color, Black, *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 372 Cross

Cause of Death, First (Primary,) Scrofula

Second (Immediate,) Diarhea

Duration of Last Sickness, 6 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery *Theodore Bates* M. D.

Medical Attendant.

Date of Burial, March 25. 76

Undertaker, Wm. H. Chase

Place of Business, 146 Hanover *Address* 146 Hanover

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

THE SPECIAL ATTENTION OF PHYSICIANS IS RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8878

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

MAR 23 1876

Date of Death, March 23d 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John H. Bouy

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 20 *Years,* *Months,* *Days.*

Color, Brown

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number.} No. 227 Hanover Street

Cause of Death, First (Primary,) Consumption

Second (Immediate,)

Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, March 27/76

Undertaker, Wm. Miller's

Place of Business, 19 S. Howard

R. M. Hall *M. D.*

Medical Attendant.

Address 2668 Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases o...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8879

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 25 1875

CERTIFICATE OF DEATH.

Date of Death, March 24 — 75.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ann Schminke

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 85 *Years,* 2 *Months,* 23 *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, For life

Place of Death, {Give street and number.} 395 W. Baltimore St.

Cause of Death, {First (Primary,) Hemiplegia

{Second (Immediate,)

Duration of Last Sickness, 3 days.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Com. Louis W. Knight M. D.

Date of Burial, March 26th Medical Attendant.

Undertaker, Wm. J. Tickner

Place of Business, 65 S. Eutaw *Address* 112 N. Greene St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The special attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8880

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 25 1876

CERTIFICATE OF DEATH.

Date of Death, March 22 one 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jos Stafford

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 76 *Years,* — *Months,* — *Days.*

Color, ~~Sex,~~ Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widower

Occupation, Ship Carpenter

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 3 years

Place of Death, {Give street and number.} 337 S. Howard St.

Cause of Death, First (Primary,) Old Age

Second (Immediate,) Dropsy & Chest

Duration of Last Sickness, 3 months

All the above Information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, 26th March 1876

Undertaker, Samuel Wilson

Place of Business, 1 E. Fayette

R. C. Lee M. D.
Medical Attendant.

N. W. Co.

Address Hanover & Baltimore Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The special attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8881

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 25 1876 BALTIMORE

Date of Death, March. 22.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Caroline R. Snowden

Sex, Male or Female, {Cross out the word not required in this line.}

Age, — *Years,* 9. *Months,* 13 *Days.*

Color, Black. *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 842. W. Baltimore St

Cause of Death, {First (Primary,) Chronic Bronchitis
Second (Immediate,) 5 Weeks

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Lyon's Cemetery

Date of Burial, March 25 76

Undertaker, H. M. Cross

Place of Business, 11 N. Howard St

Theodore Cook M. D.
Medical Attendant.

Address 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on ba

Board of Health, City of Baltimore,

Permit No. 8882 / OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 25 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 23d 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} John Mayberry

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 64 *Years,* *Months,* *Days.*

Color, black *Sex,*

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line}

Occupation, Preacher

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 93 Orchard St

Cause of Death, {First (Primary,) Apoplexy / Second (Immediate,)

Duration of Last Sickness, about 9 days

All the above information should be furnished by the Physician.

Place of Burial, Mayo's Cemetery

Date of Burial, March 27 76

Undertaker, D. M. Shane

Place of Business, 94 & 96 Hanover St *Address* 95 S. Sharp St.

B. Albers *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8883

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May March 24. 1876. 5.10 P M.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Ino Scott

~~*Sex, Male or Female,* { Cross out the word not required in this line. }~~

Age, 80 *Years,* ——— *Months,* ——— *Days.*

Color, Black *Sex,* Male

Married, ~~Single, Widow or Widower,~~ { Cross out the words not required in this line. }

Occupation, Carter

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Md

Duration of Residence in the City of Baltimore, ———

Place of Death, { Give street and number. } 8 Ryan Pl

Cause of Death, { First (Primary,) Abscess / Second (Immediate,) ——— }

Duration of Last Sickness, 8 Days

All the above information should be furnished by the Physician.

Place of Burial, Israel Cemetery

Date of Burial, Mar 27 1876

{ *Undertaker,* W. Graze / *Place of Business,* 18 Howard St }

Thos Cashman M. D.
Medical Attendant.

Address 32 Lee

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The special attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on ba

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8884

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, ~~Ann McNeil~~ March 24th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ann McNeil

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 58 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give street and number.} Corner Hollins & Carey

Cause of Death, { First (Primary,) Cancer of Cervical Glands
Second (Immediate,)

Duration of Last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, Balto. Cemetery

Date of Burial, Mar. 27. 1876

Undertaker, C. T. Scriven

Place of Business, Cor. Eutaw & Rose St

S. T. Knight M. D.
Medical Attendant.

Address 264 Hollins St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...Physicians is respectfully invited to the remarks below, and to List of Diseases on ba...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8885

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 25 1876 BALTIMORE

Date of Death, March 25th 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Child of Louis Fallen

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 0 *Years,* 0 *Months,* 7 *Days.*

Color, white. *Sex,*

~~Married, Single, Widow or Widower,~~ {Cross out the words not required in this line.}

~~Occupation,~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 213 Cross St.

~~Duration of Residence in the City of Baltimore,~~

Place of Death, {Give street and number.} Cross St. No 213.

Cause of Death, First (Primary,) Spasmi

Second (Immediate,)

Duration of Last Sickness, one day

All the above information should be furnished by the Physician.

Place of Burial, Mayers Bonny Cronan

Date of Burial, March 26th

Undertaker, D Boicle

Place of Business, Henrietta st 81

Dr Adolph Behm, M. D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...Special attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8886,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 26 1878 BALTIMORE

Date of Death, March 24th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Amalia Kilian.

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 26 *Years,* 8 *Months,* 5 *Days.*

Color, white *Sex,* Female

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, housekeeper

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Bavaria Germany.

Duration of Residence in the City of Baltimore, seven years

Place of Death, {Give street and number.} No 244 Hanover St.

Cause of Death, First (Primary,) Pelvic Phlegmone

Second (Immediate,) Peritonitis.

Duration of Last Sickness, one week.

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Bur.

Date of Burial, March. 26th

Undertaker, Andrew Kuhl

Place of Business, 1201 Columbia St *Address* 165 W. Lombard St.

Henry Salzer M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8887

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 24 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary V Parker

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.} Female

Age, Twenty Six *Years,* ——— *Months,* ——— *Days.*

Color, White *Sex,*

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.} Married

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore County Maryland

Duration of Residence in the City of Baltimore, Fifteen years

Place of Death, {Give street and number.} Baltimore City 523 W Fayett st

Cause of Death, {First (Primary,) Consumption Pulmonary
Second (Immediate,)

Duration of Last Sickness, Ill for Five Months

All the above information should be furnished by the Physician.

Place of Burial, Warehouse Point Conn

Date of Burial, Time not appointed

Undertaker, Jos Lowe

Place of Business, 568 W. Balto st *Address* M Hammond MD 53 N Paca st Balt

M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

(Transit 397)

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK

Board of Health, City of Baltimore,

Permit No. 8888

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last Illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 25 1876 BALTIMORE

Date of Death, March 24/76

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henry Lo Deitz

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ~~Years,~~ ~~Months,~~ 10 Days.

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. Md.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 821 N. Paca St.

Cause of Death, {First (Primary,) Natural Causes / Second (Immediate,)}

Duration of Last Sickness, 8 h. month Chief

All the above information should be furnished by the Physician

Place of Burial, St. Johns Cemetery

Date of Burial, March 26/76

Undertaker, L. Kummet

Place of Business, 317 Mulberry St.

H. L. Spruce M. D.
Medical Attendant.

Address 379 W. Lombard St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BAC

Board of Health, City of Baltimore,

Permit No. 8889

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 24th 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Margaret Schmidt

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 1 *Years,* 6 *Months,* 2 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, 6 6

Place of Death, {Give street and number} 40. 60 Barclay St

Cause of Death, {First (Primary,) Scroup

Second (Immediate,) Exhaustion

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician

Place of Burial, Mayers Graveyard

Date of Burial, March 26th 1876

Undertaker, H M. Gilmeyer

Place of Business, 341 Canton Av.

Dr. Scholz M. D.

Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and drafts of illegitimate children.

[OVER.]

THE SPECIAL ATTENTION OF PHYSICIANS IS RESPECTFULLY INVITED TO THE REMARKS BELOW, and to LIST OF DISEASES ON

Board of Health, City of Baltimore,

Permit No. 8890

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 24th 76.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henry Buchholz.

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 4.3 *Years,* 3 *Months,* 29 *Days.*

Color,

Married, ~~Single, Widow or Widower~~. {Cross out the words not required in this line.}

Occupation, Shoemaker,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Bremen, Germany.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 493 N Patterson Pk

Cause of Death, {First (Primary,) Typhoid Mania

{Second (Immediate,)

Duration of Last Sickness, Ten Days

All the above information should be furnished by the Physician

Place of Burial, Balto Cemetery

Date of Burial, March 26 1876

{*Undertaker,* A. B. Cook

{*Place of Business,* 707 Balto St *Address*

John L. L. Bozzo M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of Illegitimate children

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below. and to List of Diseases on ba

Board of Health, City of Baltimore,

Permit No. 8891

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 25 1876

CERTIFICATE OF DEATH.

Date of Death, March 24th 1876

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Samuel Johns Cooper

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 7 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Clerk

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } Beech Hill Saratoga St extended

Cause of Death, { First (Primary,) Scarlet fever / Second (Immediate,) Haemia Convulsions

Duration of Last Sickness, 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cemetery

Date of Burial, March 26/76

Undertaker, R Kennrick & Son

Place of Business, 42 N Howard St

Thomas Shearer M. D.
Medical Attendant.

Address 97 N Charles St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8892

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 23 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles H Johnson

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 8 *Days.*

Color, Blk

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth)} Balto City

Duration of Residence in the City of Baltimore, ~~Dat~~ Life

Place of Death, {Give street and number.} 320 Hamburg Street

Cause of Death, {First (Primary,) Asthenia
Second (Immediate,)}

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician

Place of Burial, W. Potters Field

Date of Burial, March 25th 1876

Undertoker, M H C Pyne

Place of Business, 448 W Pratt St Address Commis of Health & Registrar

M. D.
Medical Attendant

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information from William Caldwell friend

[OVER]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on ba

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8893

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 25 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 24th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Joseph E Smith

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 76 *Years,* ~~6~~ *Months,* *Days.*

Color, [illegible] *Sex,*

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Porter

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, 76 years

Place of Death, {Give street and number.} 72 East St

Cause of Death, First (Primary,) Pneumonia

Second (Immediate,)

Duration of Last Sickness, Seven weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 26th 1876

Undertaker, [illegible]

Place of Business, No 104 East St.

Saml L Tovell *M. D.*
Medical Attendant.

Address No 29 Aisquith St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on ba

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8894

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 25 1876 BALTIMORE

Date of Death, March 23 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mariah Shepherd

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 70 *Years,* *Months,* *Days.*

Color, Black *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, House keeper

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ethridge Howard County

Duration of Residence in the City of Baltimore, 5 years

Place of Death, {Give street and number.} No 12 Sarah Alley

Cause of Death, First (Primary,) pneumonia

Second (Immediate,) old age

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Loudon Cemetery

Date of Burial, March 25, 1876

Undertaker, Albert Lange

Place of Business, 152 Lexington St.

1st Evaluation *M. D.*
Medical Attendant.

Address 552 W. Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The special attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on b

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8895

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 25 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 24 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Caroline Right

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 65 *Years,* *Months,* *Days.*

Color, Col *Sex,*

Married, ~~Single~~, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Servant

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Charlestown Md

Duration of Residence in the City of Baltimore, ~~Sixteen~~ Years Thirty Nine.

Place of Death, {Give street and number.} 644 W. Fayette St.

Cause of Death, First (Primary,) Organic disease of Heart (Hypertrophy & Valvular disease)

Second (Immediate,) Blood Anaemia

Duration of Last Sickness, Two Months

All the above information should be furnished by the Physician.

Place of Burial Laurel Cemetery

Date of Burial, March 26th 1876

Undertaker, Wm A. Darby

Place of Business, 15 & 17 East St. *Address* 538 W. Fayette St

John Neff M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8896

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 26 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 24th 1 P. M. 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elmira Haynard

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 9 *Years,* 1 *Months,* *Days.*

Color, Colored *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 172, Mulligan St.

Cause of Death, First (Primary,) Scarlet Fever

Second (Immediate,)

Duration of Last Sickness, Visited the child once

All the above information should be furnished by the Physician.

Place of Burial, Loud Cemetery

Date of Burial, March 26th 1876

Undertaker, [redacted]

Place of Business, [illegible]

James E Donnelly M. D.
Medical Attendant.

Address 299 E Balto St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No.

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BAC

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8897.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 26 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 23. 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jn.º Henry Johnson

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 18 *Years,* *Months,* *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Seaman

Birthplace, {State or country (and how long in the United States, if of foreign birth} Dorchester Co Md

Duration of Residence in the City of Baltimore, 18 years

Place of Death, {Give street and number} 133 Orleans. St E

Cause of Death, {First (Primary,) Consumption

{Second (Immediate,)

Duration of Last Sickness, 13 Mo.s

All the above information should be furnished by the Physician.

Place of Burial, West Baltimore

Date of Burial, Mar 26 1876

M. D.
Medical Attendant

{*Undertaker,* C.C. Steeper

{*Place of Business,* ~~No. Address~~ 101 Cor Pratt & Exeter Commissioner of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information from Mother

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on ba

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8898.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 26 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 25th. 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Hannitta Bacon

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, *Years,* Four *Months,* Fourteen *Days.*

Color, Black *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City.

Duration of Residence in the City of Baltimore, Four Months & Fourteen days

Place of Death, {Give street and number.} 760. N John's Alley

Cause of Death, First (Primary,)

Second (Immediate,) Convulsions

Duration of Last Sickness, A few hours

All the above Information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 27th 1876

Undertaker, John C Jordan

Place of Business, 63 Lee ave

S. K. Merrick M. D.

Medical Attendant.

Address 1310 Biddle St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on ba

Board of Health, City of Baltimore,

Permit No. 8899.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 26 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 23rd 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George Edward Gordon

Sex, Male or Female, {Cross out the word not required in this line.} ...

Age, 2 *Years,* 6 *Months,* *Days.*

Color, Black *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Maryland

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 130 Penn Alley

Cause of Death, {First (Primary,) Dropsy / Second (Immediate,)

Duration of Last Sickness, 1 Week

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, March 26th 1876

{*Undertaker,* Wm. P. Gray / *Place of Business,* 65 Mulberry St.

H Darby M. D.
Medical Attendant.

Address 143 Huntington Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on bac

Board of Health, City of Baltimore,

Permit No. 8900

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
MAR
26
1876
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 25 — 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} H. E. Jones Elizabeth J. Jones

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, *Years,* *Months,* Eleven *Days.*

Color, White *Sex,* ~~X~~ Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 103 N Eutaw St -

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 103 N Eutaw St -

Cause of Death, First (Primary,) Cynanosis -

Second (Immediate,)

Duration of Last Sickness, Four days

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cem

Date of Burial, March 26 1876

Undertaker, McCools Bro

Place of Business, 191 Saratoga St

D. G. Rees M. D.
Medical Attendant.

Address 97 Mulberry St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

T Y ▲ F I L M ■

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back.

Board of Health, City of Baltimore,

Permit No. 8901

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 26 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Mar. 25th

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mrs Ann Willis

Sex, ~~*Male or*~~ *Female,* { Cross out the word not required in this line. }

Age, 77 *Years,* 4 1 *Months,* *Days.*

Color, White *Sex,* Female

Married, ~~*Single,*~~ *Widow* ~~*or Widower,*~~ { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Balt. City

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } No 307. Lexington St

Cause of Death, { First (Primary,) Old age

Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, March 27/76

{ *Undertaker,* Jno H. Weaver

Place of Business, Fayette St

Peter Wilkins M. D.
Medical Attendant.

Address 148 Mulberry St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

A K S A F E T

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on ba

Board of Health, City of Baltimore,

Permit No. 8902.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEPT. OF HEALTH MAR 26 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 25th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Blanch Peters

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 1 *Years,* 4 *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Street & No 29.

Cause of Death, First (Primary,) Meningitis

Second (Immediate,) Spasm

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cem

Date of Burial, March 26 1876

Undertaker, Chas T. Scriven

Place of Business, No 2718 Eutaw st *Address*

O. L. Baldenhofer *M. D.*

Medical Attendant.

No 116 Columbia

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

K O D

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on ba

Board of Health, City of Baltimore,

Permit No. 8903.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 26 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 25th 1876

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents } Katherin & Martin Haas

Sex, Male ~~or Female,~~ { Cross out the word not required in this line. } 1

Age, 1 hour 90 Years, *Months,* *Days.*

Color, white *Sex,* Male

~~*Married, Single, Widow or Widower,*~~ { Cross out the words not required in this line. }

~~*Occupation,*~~

Birthplace, { State or country (and how long in the United States, if of foreign birth. } City

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } No 433 Canton ave

Cause of Death, { First (Primary,) Weakness. / Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Michaels Cemetery *Medical Attendant.* Mrs E Bushman Midwife. ~~M.D.~~

Date of Burial, March 26th 1876

Undertaker, [redacted] Froelich *Address* 120 Bank

Place of Business, 339 Canton Av.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8901

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 27 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 26 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Catherine Delker

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 40 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, ~~Single, Widow or Widower.~~ {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany 20 years

Duration of Residence in the City of Baltimore, 20 "

Place of Death, {Give street and number.} 15 Etting St

Cause of Death, First (Primary,) Exposure to cold

Second (Immediate,) Acute Peritonitis

Duration of Last Sickness, Five days

All the above information should be furnished by the Physician.

Place of Burial, Mt Pleasant Cemetery

Date of Burial, March 29th

Chas Fawcett M. D.
Medical Attendant.

Undertaker, John Macher

Place of Business, 150 Camden St Address 73 Hoskins St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on B[illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 8903

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

BOARD OF HEALTH MAR 27 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 25th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Evans

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, Eighty one *Years,* Six *Months* Twenty three *Days.*

Color, White

~~Married, Single~~, Widow ~~or Widower~~, {Cross out the word is not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} ~~Baltimore~~ York County Pa

Duration of Residence in the City of Baltimore, Eighty years

Place of Death, {Give street and number.} #217 Aisquith St Balto

Cause of Death, First (Primary,) Acute Bronchitis

Second (immediate,) Effusion

Duration of Last Sickness, Eight days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, March 27th 1876.

Undertaker, Wm. H. Hickman

Place of Business, 23 & 25 St. Gay St.

A. Hartman *M. D.*
Medical Attendant.

Address #305 N Caroline St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on ba

Board of Health, City of Baltimore,

Permit No. 8906

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 27 1916 BALTIMORE MD.

Date of Death, March 25 1916

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charlotte Elmore

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 3 *Years,* 2 *Months,* 3 *Days.*

Color, White *Sex,*

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.} Married

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, about 2 yrs

Place of Death, {Give street and number.} 295 Mosher St

Cause of Death, First (Primary,) Heart Disease

Second (Immediate,) Asthma

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, March 27

Undertaker, J F Kahney

Place of Business, 262 Pine Ave

Address

M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK

No.

Board of Health, City of Baltimore,

Permit No. 8907

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 27 1876 BALTIMORE

Date of Death, March 26. 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Catharine Fahlsey

Sex, Male or Female, {Cross out the word not required in this line.} Female.

Age, 2yrs — *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word is not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth)} Baltimore

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number} No 2 Grove St.

Cause of Death, {First (Primary) Consumption

{Second (Immediate,)

Duration of Last Sickness, 1 year

All the above information should be furnished by the Physician

Place of Burial, Holy Cross.

Date of Burial, March 27 1876

Undertaker, Jacob Wead & Co

Place of Business, 416 Lombard

M. D.

~~Medical Attendant.~~

Address Coroner's Office

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on ba

Board of Health, City of Baltimore,

Permit No. 8908.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 27 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 26th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Emma Bertie Cord

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1 (One) *Years,* 10 (Ten) *Months,* 15 (fifteen) *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 308 Stiles St. City

Cause of Death, First (Primary,) Diphtheria

Second (Immediate,)

Duration of Last Sickness, Seven days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetry

Date of Burial, March 29th 76

Undertaker, Charles F. Hooker

Place of Business, 161 Hanover St

D. D. (City) *M. D.*
Medical Attendant.

Address 129 Stiles St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Use SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BA

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8909

The Physician who attended this person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 27 1876

Date of Death, March 25th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Samuel A. Morgan

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 13 *Years,* 1 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 122 Bank St.

Cause of Death, First (Primary,) Acute Desquamative, Nephritis

Second (Immediate,) Uraemia

Duration of Last Sickness, 16 days

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, March 27th 1876

Undertaker, Hughes & Co

Place of Business, 658 Broadway

James T. K. Shaw M. D.
Medical Attendant

Address 267 Eastern Avenue

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on ba

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8910

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 27 1876

CERTIFICATE OF DEATH.

Date of Death, March 25

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Fannie Adam

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 19 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} Cathedral St extended

Cause of Death, First (Primary,) Tuberculosis

Second (Immediate,) "

Duration of Last Sickness, 6 months.

All the above information should be furnished by the Physician.

Place of Burial, Mt Town Railroad

Date of Burial, 27 March 2 Oclock

B. B. Browne M. D.
Medical Attendant.

Undertaker, Geo. C. Rodenmayer

Place of Business, 38 Town St

Address 307 Madison Av

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BA

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8911

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 25th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Margaret Miller

Sex, ~~*Male or Female,*~~ {Cross out the word not required in this line.}

Age, 55 *Years,* *Months,* *Days.*

Color, Brown

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Laundress

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number.} 90 Burgundy Alley

Cause of Death, First (Primary,) —— Second (Immediate,) Pneumonia

Duration of Last Sickness, Three days

All the above information should be furnished by the Physician

Place of Burial, Mt Olivet Cemetery

Date of Burial, 27

J. R. M. Hall M. D.
Medical Attendant.

Undertaker, Hercules Ross

Place of Business, 180 West St *Address* 266 S Sharp st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on [illegible]

Board of Health, City of Baltimore,

Permit No. 8912

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 27 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 25th 76,

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Margaret. Jane Gordan.

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 24 *Years,* *Months,* *Days.*

Color, Colored *Sex,* Fem

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 88 Leadenhall St,

Cause of Death, {First (Primary,) Consumption of Lungs,
Second (Immediate,) 3 months

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 27, 76

Undertaker, H. M. Chase

Place of Business, 198 W. Howard St

R. J. H. Tall M. D.
Medical Attendant.

Address 158 Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on

Board of Health, City of Baltimore,

Permit No. 8913

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 27 1876

CERTIFICATE OF DEATH.

Date of Death, March 24, 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} David Ridgly.

Sex, Male or Female, {Cross out the word not required in this line.} Male.

Age, 10 *Years,* —— *Months,* —— *Days.*

Color, African. *Sex,* Male.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, At School.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Since birth.

Place of Death, {Give street and number.} Raborg st. 4th House E. of Carrollton Av.

Cause of Death, First, (Primary,) Cerebral irritation.

Second (Immediate,) Convulsions.

Duration of Last Sickness, 4 days.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Mar. 27. 76

Undertaker, W. H. Mace

Place of Business, 120 E. Howard st

John J. King *M. D.*
Medical Attendant.

Address Edmondson Ave. near Carrollton Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BA

Board of Health, City of Baltimore,

Permit No. 8914

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 27 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 26th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lunetta Jarden

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, Sixty 1 *Years,* *Months,* *Days.*

Color, col

~~*Married*~~, ~~*Single*~~, *Widow or* ~~Widower~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth)} Baltimore Maryland

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Aged Womens Home Colrd

Cause of Death, {First (Primary,) ... Second (Immediate,)} Consumption

Duration of Last Sickness, 15 Months

All the above information should be furnished by the Physician

Place of Burial, Laurel Cemetry

Date of Burial, March 27th 1876

E. G. Baldwin *M. D.*
Medical Attendant.

{*Undertaker,* John. E. Gordon.
Place of Business, 63 Park Av} *Address* 124 N. Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on

Board of Health, City of Baltimore,

Permit No. 8915 — OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 27 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 25 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Israel J Binder

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 5 *Years,* 3 *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Belfont Pa

Duration of Residence in the City of Baltimore, 3 years

Place of Death, {Give street and number.} 14 Pierce Street

Cause of Death, {First (Primary,) Scrofula

Second (Immediate,)

Duration of Last Sickness, Two Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 27 1876

{*Undertaker,* John . C. Jordon

{*Place of Business,* No 63 Park Av

H. Darling M. D.
Medical Attendant.

Address 143 Mulberry St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on ba

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8916

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 27 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Mch 24/76

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Brayan Stillman

~~*Sex,*~~ *Male* ~~*or Female,*~~ { Cross out the word not required in this line. }

Age, 32 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, ~~*Single, Widow or Widower,*~~ { Cross out the words not required in this line. }

Occupation, Waterman

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Pennsylvania

Duration of Residence in the City of Baltimore, 10 years

Place of Death, { Give street and number. } 78 Market Pl

Cause of Death, { First (Primary,) Phthisis

Second (Immediate,) "

Duration of Last Sickness, Six months

All the above information should be furnished by the Physician.

Place of Burial, Pts Potters Field J. McG. Hamilton M. D.

Date of Burial, March 27 1876 Medical Attendant.

{ *Undertaker,* Chas Stricker

{ *Place of Business,* Chester & Pratt 96 Address Balto. [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8917

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 27 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 26th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Emily A Finigan

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 29 *Years,* 5 *Months,* 5 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 47 Millmand st Balto

Cause of Death, First (Primary,) Consumption of the Lungs

Second (Immediate.)

Duration of Last Sickness, about a year

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral Cemetery *Date of Burial,* March 28th /76

Ridgway Burke M. D.
Medical Attendant.

Undertaker, Geo. Schilling

Place of Business, cor Kirkwood & Monument st *Address* No 121 E Balto.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8918

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 27 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 27th 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Appalonia Fink

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, ~~72~~ 68 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

~~*Married,* *Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 45 years

Place of Death, {Give street and number.} 117 Hollins St

Cause of Death, {First (Primary,) Heart disease (Valves)
Second (Immediate,) Debility & Dropsy

Duration of Last Sickness, 12 days

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral cemetery

Date of Burial, March 28th 1876

{*Undertaker,* [illegible]
Place of Business, 1769 W. Baltimore St

Geo. G. Brewer. M. D.
Medical Attendant.

Address 258. W. Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on B[illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8919

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 27 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 26 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Barbara ~~Dunfort~~ Mager

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, 67 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

~~Occupation~~,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Bavaria

Duration of Residence in the City of Baltimore. 35 Years

Place of Death, {Give street and number.} 416 N. Vanburen St

Cause of Death, {First (Primary,) Enlargement of Liver
Second (Immediate,)

Duration of Last Sickness, 4 Weeks

All the above information should be furnished by the Physician

Place of Burial, St. Stephens Cemetery

Date of Burial, March 27 1876

Undertaker, P. Kimmel.

Place of Business, 311 N. Eutaw St.

[illegible] M. D.
Medical Attendant.

Address 379 N. Vanburen St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on b

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8920

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 27 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 26th of March 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} John Tenenbaum

~~Sex,~~ *Male or* ~~*Female,*~~ {Cross out the word not required in this line.} Male

Age, 56 *Years,* 3 *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Tavern Keeper

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany (Hesse Cassell)

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Marsh Market 55

Cause of Death, First (Primary,) Consumption

Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, March 27

Fred. Hess M. D.
Medical Attendant.

{*Undertaker,* C. H. Ramsey
Place of Business, 136 E. Lexington St. *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on b

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8921

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 27 1876 BALTIMORE

Date of Death, March 26th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary H. Fennimore

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 53 *Years,* ——— *Months,* ——— *Days.*

Color, White *Sex,* ———

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation, Seamstress

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Cheraw Pa

Duration of Residence in the City of Baltimore, 25 years

Place of Death, {Give street and number.} 17 N. Exeter St.

Cause of Death, {First (Primary,) Apoplexy.
Second (Immediate.) Ten days.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Bethel Cemetery Jno. P. Bates M. D.

Date of Burial, March 28/76 Medical Attendant.

Undertaker, Thos. E. Hughes *Address* 73 E. Baltimore St.

Place of Business, 66 E. Biddle

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on ba

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8922

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 27 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Mar. 26th. 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Elliott-

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* ... *Months,* 5 *Days.*

Color, Black *Sex,* Female

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 116 Eyerush-

Cause of Death, First (Primary,) Convulsions

Second (Immediate.) Exhaustion

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, March 27th 1876

Sheldon H. Tuck, M. D.
Medical Attendant.

Undertaker, Thos S Gray

Place of Business, 63 Smithey St

Address 128 Park Ave,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on

Board of Health, City of Baltimore,

Permit No. 8923, OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 27 1876 BALTIMORE

Date of Death, March 27th 76

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Leonard Hachtel

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 89 Years, 1 Months, 5 Days.

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Shoemaker

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Bavaria Rhein Pfalz

Duration of Residence in the City of Baltimore, 36 years

Place of Death, {Give street and number.} Little Mount Pleasant

Cause of Death, First (Primary,) Old age

Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, March 28 1876

Undertaker, Andrew Lutz

Place of Business, 118 Druid Hill Av. *Address* Entaw House Pratt & Fayette Sts

W. H. Crim M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on b

Board of Health, City of Baltimore,

Permit No. 8924

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

MAR 27 1876 BALTIMORE

Date of Death, March 27

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lavinia Brison

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 5 *Years,* 7 *Months,* 9 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} James alley

Cause of Death, {First (Primary,) Carditis

{Second (Immediate,) Diptheria

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, March 28th 1876.

{*Undertaker,* Armstrong & Son

{*Place of Business,* 269 Light St

Theodore Bruce M. D.
Medical Attendant.

Address 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BA

Board of Health, City of Baltimore,

Permit No. 8925

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 27 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 24 March 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents,} Frances

Sex, Male or Female, {Cross out the word not required in this line,} Female

Age, *Years,* *Months,* 2 1 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Foundling

Duration of Residence in the City of Baltimore, 18 days

Place of Death, {Give street and number.} St Vincents Infant Asylum

Cause of Death, {First (Primary.) Atrophy

{Second (Immediate,) Hydrocephaloid Convulsions

Duration of Last Sickness, 6 hours

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, March 28 1876

Undertaker, Samuel Bowser.

Place of Business, 156 Division St.

Martin Brewer M. D.
Medical Attendant.

Address 201 W. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on ba

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8926

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 27 1896 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 26. 1896

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Walter Edward Brown,

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 2 years *Years,* 9 *Months.* *Days.*

Color, White *Sex,* male

~~Married~~, *Single,* ~~Widow or Widower~~ {Cross out the words not required in this line.}

Occupation, none

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. City.

Duration of Residence in the City of Baltimore, all his life

Place of Death, {Give street and number.} 318 Light

Cause of Death, First (Primary,) Scarlatina

Second (Immediate,) Acute Nephritis.

Duration of Last Sickness, About 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, March 28th 96. Jas Casey Thomas M. D.

Medical Attendant.

Undertaker, Henry W. Jones Address

Place of Business, 16 Light 317 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on ba

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8927

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 27 1876 BALTIMORE

Date of Death, March 26 1876 at 5 o'clock P. M.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } William Maynard

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, ~~Seventy-Eight~~ 77 *Years,* ~~Months,~~ ~~Days.~~

Color, White *Sex,* Male

Married, ~~Single, Widow or Widower,~~ { Cross out the words not required in this line. }

Occupation, Carpenter

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, ~~Thirty Years~~ Life

Place of Death, { Give street and number. } 132 Pearl Street Baltimore

Cause of Death, { First (Primary,) } The infirmities of age.

{ Second (Immediate.) } four Weeks

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet

Date of Burial, March 28th

Undertaker, John [redacted]

Place of Business, [redacted] Address 83 N Paca St Balt

W. H. Raymond M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on ba

Board of Health, City of Baltimore,

Permit No. 8928

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 27 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 26th March 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Otha Shipley

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 87 *Years,* — *Months,* — *Days.*

Color, Wht *Sex,* —

~~*Married, Single, Widow or*~~ *Widower,* {Cross out the words not required in this line.}

Occupation, none

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, 12 years

Place of Death, {Give street and number.} 95 N. Schroder St Balto

Cause of Death, First (Primary,) old age

Second (Immediate,)

Duration of Last Sickness, 12 years

All the above information should be furnished by the Physician.

Place of Burial, W Stellmans Cast Co

Date of Burial, March 28

Undertaker, J B Crist

Place of Business, 707 West Baltimore

G L Dunphill M. D.
Medical Attendant.

Address 127 W Biddle

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Transit 398

[OVER.

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK

No.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8929

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law;

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 27 1876 BALTIMORE

Date of Death, March 25th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sarah Channels

Sex, ~~Male~~ *Female,* {Cross out the word not required in this line.}

Age, 75 *Years,* ——— *Months,* ——— *Days.*

Color, Blk

Occupation, ~~Married, Single, Widow or Widower,~~ {Cross out the words not required in this line.} widow

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Unknown

Duration of Residence in the City of Baltimore, "

Place of Death, {Give street and number.} 17 Union Street

Cause of Death, {First (Primary.) ——— Second (Immediate,)} Old age

Duration of Last Sickness, ———

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 27 1876

Undertaker, Wm. N. Dunger

Place of Business, East St

~~M. D.~~ ~~Undertaker~~

Address Commit of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by W. N. Dunger Undertaker [OVER.]

No.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8930

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 27 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 27 ind

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Albert Pozzoli

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 5 *Years,* 7 *Months,* — *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} N. Frog st. No 234.

Cause of Death, First (Primary,) Illuminaria

Second (Immediate,) Dysentery

Duration of Last Sickness, 21 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cimetery

Date of Burial, the 28th March

Undertaker, P. P. Dill.

Place of Business, No. 183 Columbia Ave. *Address* No 166 Columbia Av

S. L. Baldenhofer *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8931

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 27 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 27th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Margaret Apple

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 27 *Years,* 4 *Months,* — *Days.*

Color, White *Sex,* Female

Married, ~~Single,~~ ~~Widow~~ *or* ~~Widower,~~ {Cross out the words not required in this line}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, During Her Life

Place of Death, {Give street and number.} 998 W. Pratt St

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate,)

Duration of Last Sickness, Six Months

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, March 29th 76

Thomas Sappington M. D.
Medical Attendant.

Undertaker, I. B. Paulin.

Place of Business, Frederick Av — *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 1[illegible]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8932

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Saturday March 25th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jimmie Slater

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, Inf *Years,* *Months,* *Days.*

Color, Black *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Calvert County Md.

Duration of Residence in the City of Baltimore, Four Years

Place of Death, {Give street and number.} 259 Hughes St

Cause of Death, First (Primary,) Congestion of Lungs

Second (Immediate,)

Duration of Last Sickness, Four days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cimetery

Date of Burial, March 28 '76

Undertaker, S. Chace

Place of Business, 198 S. Howard

Julius Hall M. D.
Medical Attendant.

Address Southern Dispensary

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8933

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 27 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 26 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John W. Summons

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 45 *Years,* *Months,* *Days.*

Color, Col *Sex,* male

~~Married, Single, Widow or~~ Widower, {Cross out the words not required in this line.}

Occupation, Oyster Dealer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Unknown

Duration of Residence in the City of Baltimore, 13 Years

Place of Death, {Give street and number.} Olden St no 13

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate,)

Duration of Last Sickness, Six months

All the above information should be furnished by the Physician.

Place of Burial, Loyal Comety

Date of Burial, March 28 76

Undertaker, S. H. Chase

Place of Business, 152 S. Howard *Address* 73 W Baltimore St

W. W. Iliconb M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8934

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March. 26 "75

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles Barnish

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 1 *Years,* 6 *Months,* *Days.*

Color, Col'd *Sex,* male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 282 S. Howard

Cause of Death, First (Primary,) Phthisis

Second (Immediate,) Convulsions

Duration of Last Sickness, two months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 28 '75

Undertaker, S. H. Chase

Place of Business, 188 S. Howard

R. J. H. Tall M. D.
Medical Attendant.

Address 158 Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8935

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 27 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 26 = 76

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles Derlin

Sex; Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 54 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Umbrella Maker

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Prussia

Duration of Residence in the City of Baltimore, 25 Years

Place of Death, {Give street and number.} 115 Saratoga St

Cause of Death, {First (Primary,) Apoplexy
Second (Immediate,) 3 hours

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetary

Date of Burial, March 28. 1876.

Geo L. Rice M. D.
Medical Attendant.

Undertaker, Henry Hays

Place of Business, 116 N. Howard St *Address* 62 Park ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

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THE SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 8936

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 27 1876

CERTIFICATE OF DEATH.

Date of Death, March 27th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary B. Flerlage

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 26 *Years,* 3 *Months,* 23 *Days.*

Color, White

Married, ~~Single, Widow or Widower.~~ {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 201 E Eager St

Cause of Death, {First (Primary,) Typhoid fever

Second (Immediate,)

Duration of Last Sickness, Three weeks

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem.

Date of Burial, March 29. 1876

Undertaker, Henry Alcock

Place of Business, 209 Central Ave

A Hartman *M. D.*
Medical Attendant.

Address 305 N Caroline

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

K S A F E T Y

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8937

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 28 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 27.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George Schuckhart.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 11 *Months,* 27 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 269 Cross St.

Cause of Death, First (Primary,) Scarlatina

Second (Immediate,)

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cem'y *Herdon Brooke* M. D.

Date of Burial, March 29th 1876 Medical Attendant.

Undertaker, Julius Koehler

Place of Business, cor Sharp & Cross sts. *Address* 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

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No.

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8938

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 28 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 26th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Thomas H. Brown

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 24 *Years,* ——— *Months,* ——— *Days.*

Color, Cold

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, Sailor

Birthplace, {State or country (and how long in the United States, if of foreign birth)} Virginia

Duration of Residence in the City of Baltimore, 12 year

Place of Death, {Give street and number} 115 N. Durham St

Cause of Death, {First (Primary,) ——— Second (Immediate,) Consumption

Duration of Last Sickness, one year

All the above information should be furnished by the Physician.

Place of Burial, E. Potters Field

Date of Burial, March 28th 1876

Undertaker, Charles Sleeper

Place of Business, Pratt & Chester Sts

M. D.

Medical Attendant.

Address Commissioners of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Adeline Anderson his friend [OVER]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8939

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 28 1876 BALTIMORE

Date of Death, March 27th 1876

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Lottie M Myers

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 27 *Years,* 8 *Months,* 6 *Days.*

Color, W *Sex,* Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Cumberland Md

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 77 M Culloh st Balt

Cause of Death, { First (Primary,) Phlysis Pneumonia / Second (Immediate,) 6 weeks

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, March 29th 1876

Undertaker, John S Mackert

Place of Business, 150 Camden st

C Minford M. D.
Medical Attendant.

Address 93 M Culloh st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8939

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 28 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 27th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lottie M Myers

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 27 *Years,* 8 *Months,* 6 *Days.*

Color, W *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Cumberland Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 77 McCulloh st Balto

Cause of Death, First (Primary,) Phthisis

Second (Immediate,) Pneumonia

Duration of Last Sickness, 6 weeks

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, March 29th 1876

Undertaker, John S Mackert

Place of Business, 150 Camden st

C Minton M. D.
Medical Attendant.

Address 93 McCulloh st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

No. 8941

Board of Health, City of Baltimore,

Permit No. 8941

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH OFFICE MAR 28 1876 BALTIMORE

Date of Death, March 25th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James Slater

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 5 *Years,* ——— *Months,* ——— *Days.*

Color, Col'd

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Calvert Co Md

Duration of Residence in the City of Baltimore, 4 years

Place of Death, {Give street and number.} 259 Little Hughes St

Cause of Death, {First (Primary.) Second (Immediate,)} Gastritis

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, N. Potters Field

Date of Burial, March 28 1876

Undertaker, M. H. C. Perry

Place of Business, 1148 W. Pratt St *Address* Commiss of Health & Registrar

M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by. Anna Slater. mother

[OVER.]

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

No. 8744

Board of Health, City of Baltimore,

Permit No. 8942

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

MAR 29 1876 BALTIMORE

Date of Death, March 26 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Rebecca Reed

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 20 *Days.*

Color, Col'd

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 215 Hanover St

Cause of Death, {First (Primary.) Artificial Nursing

{Second (Immediate,) Atrophy

Duration of Last Sickness, all his Life

All the above information should be furnished by the Physician

Place of Burial, Sacred Cemetery

Date of Burial, March 28 1876

Undertaker, Saml. H. Chase

Place of Business, S. Howard St *Address* Commrs of Health & Registrar

M. D.
Medical Attendant

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by S. H. Chase Undertaker

[OVER.]

SPECIAL ATTENTION OF PHYSICIANS IS RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

Permit No. 8947

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 28 1876 BALTIMORE

Date of Death, March 27th 76

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Talbot Denmead

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 47 *Years,* 2 *Months,* *Days.*

Color, White

Married, ~~Single~~, Widow or Widower, {Cross out the word is not required in this line}

Occupation, Engineer & machinist

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt Co.,

Duration of Residence in the City of Baltimore. all life

Place of Death, {Give street and number.} Corner Chas & Townsend

Cause of Death, {First (Primary,) Insanity

{Second (Immediate,) Suicide by Pistol

Duration of Last Sickness, Sudden death

All the above information should be furnished by the Physician

Place of Burial, Greenmount Cemetery

Date of Burial, March 29th 1876

Undertaker, Jacob Weaver

Place of Business, 104 & 6 Druid Hill Ave

Edmund R Walker M. D.
Medical Attendant

Address Coroner 7th P. District

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8918

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 29 1876 BALTIMORE

Date of Death, March 27th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Livingston

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, Twenty Six *Years,* *Months,* *Days.*

Color, White *Sex,* Female

~~Married, Single~~, *Widow* ~~or Widower~~ {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Kent County Maryland

Duration of Residence in the City of Baltimore, Thirty years

Place of Death, {Give street and number.} 101 Green Street

Cause of Death, First (Primary,) Consumptive diathesis

Second (Immediate,) Phthisis or Consumption

Duration of Last Sickness, Do not Know Invalid but three days death.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, March 29 1876

Undertaker, M. A. Daiger

Place of Business, 740 W Balt

Milton A Taylor M. D.
Medical Attendant.

Address 101 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. [illegible]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 8940

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 29 1876 BALTIMORE

Date of Death, Monday March 27th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Edwin Neal

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, 66 Years, Months, Days.

Color, White Sex, Male

~~*Married, Single, Widow*~~ or *Widower,* {Cross out the words not required in this line.} Widower

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, all his life

Place of Death, {Give street and number.} Church Home & Infy - N. Bway

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Balt Cem.

Date of Burial, Mar. 29th 4 P M.

Undertaker, Old Hall

Place of Business, 233 E. Balto St.

F D Laran M. D.
Medical Attendant.

Address Church Home & Infy N. Bway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 5930

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8950

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 29 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 25th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sophia Campbell

Sex, Male or Female, {Cross out the word not required in this line} Female

Age, 82 *Years,* 11 *Months,* 10 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Always

Place of Death, {Give street and number.} 80 Read

Cause of Death, First (Primary,) Softening of the Brain

Second (Immediate,) Paralysis

Duration of Last Sickness, three hours

All the above information should be furnished by the Physician.

Place of Burial, St Pauls Cemetery

Date of Burial, March 28th 1876

H. D. Mudd, M. D.
Medical Attendant.

Undertaker, H. D. Jenkins & Son

Place of Business, Light St *Address* 107 St Paul St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. [illegible]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8951

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 29 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 26-76.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sarah T. Birley.

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 8 *Years,* 11 *Months,* 20 *Days.*

Color, White *Sex,*

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 503 W. Lombard St.

Cause of Death, First (Primary,) Scarlatina

Second (Immediate,) Dropsy - Effusion into the pleura -

Duration of Last Sickness, Nine weeks

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem'ty *Louis W. Knight* M. D.

Date of Burial, March 28 Medical Attendant.

Undertaker, J. B. Cook

Place of Business, 70 W. Baltimore St *Address* 112 N. Greene St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. [illegible]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8952

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 29 1876 CLERK

Date of Death, March 28 76

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John E Gauer

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, *Years,* One *Months,* Twenty eight *Days.*

Color, White *Sex,* Male

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 14 Poultney St

Cause of Death, First (Primary,) [illegible]

Second (Immediate,) Convulsions

Duration of Last Sickness, Four Days

All the above information should be furnished by the Physician.

Place of Burial, Western Cem Saml Enterline M. D.

Date of Burial, March 29th 1876 Medical Attendant.

Undertaker, Julius Koehler *Address* 582 W Lombard St

Place of Business, cor Sharp & Conway sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8953

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 29 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 26, 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Kate Hall.

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 1 *Years,* Six *Months,* ——— *Days.*

Color, African *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto Md.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} Stockton Al. 1st N. S. Harlem av.

Cause of Death, First (Primary,) Pneumonia

Second (Immediate,)

Duration of Last Sickness, 3 weeks

All the above Information should be furnished by the Physician.

Place of Burial Laurel Cemetery

Date of Burial, March 29th 1876

Undertaker, Wm. H. Gray

Place of Business, 66 Smallbury pl

Address Edmondson Ave. W. Carrollton Ave.

of Jno. F. King *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 1734

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. ~~##~~ 8954

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 28 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 26th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Emma Jane Keats

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, ___ *Years,* 4 *Months,* 2 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} Saint Paul Pl. No 8

Cause of Death, First (Primary,) Whooping Cough

Second (Immediate,) Lung Disease

Duration of Last Sickness, Two Weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 28th 1876

Undertaker, William H. Lunger

Place of Business, 19 East Fayette St.

C. H. Thomas *M. D.*
Medical Attendant.

Address 113 N. Carey St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 5755

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8965

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 28 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 26 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Matthias Thompson

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 76 *Years,* ——— *Months,* ——— *Days.*

Color, Col'd

~~Married, Single, Widow or~~ *Widower,* {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} D. C. Washington

Duration of Residence in the City of Baltimore, 35 Years

Place of Death, {Give street and number.} 122 Jasper Street

Cause of Death, {First (Primary,) ——— Second (Immediate,)} Old Age — Gen Debility

Duration of Last Sickness, 3 weeks Disabled

All the above information should be furnished by the Physician

Place of Burial, Laurel Cemetery

Date of Burial, March 28th 76

M. D.

~~Medical Attendant.~~

Undertaker, John C Gordon *Address* Commiss of Health

Place of Business, Park St & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by — William Henry Brogden — friend

[OVER.]

No.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8956

The Physician who attended any person in a last Illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 28 1876 BALTIMORE

Date of Death, March 27th 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Maria Kunigunde Kolb

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 2 *Years,* 7 *Months,* 18 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} No 482 Canton Ave. Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 482 Canton Ave. Baltimore

Cause of Death, First (Primary,) Pneumonia

Second (Immediate,)

Duration of Last Sickness, 24 Days

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cimetery

Date of Burial, March 29th 1876

Undertaker, H. M. Gibmeyer

Place of Business, 341 Canton Ave.,

Dr. P. Sullivan M. D.
Medical Attendant.

Address 232 East Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 1957

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8957

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 1876 BALTIMORE

Date of Death, March 27th 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Marshall

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 18 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single.

Occupation, Blacksmith

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, All his life

Place of Death, {Give street and number.} Boys Home 82 ex. Calvert St Ext.

Cause of Death, First (Primary,) / Second (Immediate,) Gangrene of Lungs

Duration of Last Sickness, Three weeks,

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery John Morris *M. D.*

Date of Burial, 29th March 1876 Medical Attendant.

Undertaker, Mc Coull & Brock

Place of Business, No 131 Saratoga St *Address* No. 5 Franklin St Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 8951

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8958,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 29 1876 BALTIMORE

Date of Death, March 28th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sarah Beaer

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, —— *Years,* 1 *Months,* 19 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 14 of N. Caroline St

Cause of Death, First (Primary,) Cold

Second (Immediate,) Congestion of Lungs

Duration of Last Sickness, one day

All the above information should be furnished by the Physician

Place of Burial, Trinity St. Cemetery

Date of Burial, March 29th 1876

Undertaker, H. Hoffman

Place of Business, Eden St

~~Medical Attendant.~~ M. D.

Address Commiss of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Henry Beaer Father

[OVER.]

No. 8959

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 8959

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 28th 4 hrs

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Rupp

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 22 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} married

Occupation, Tailor

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 4 mos

Place of Death, {Give street and number.} 23 S. Sharp

Cause of Death, First (Primary.) Consumption of Lungs

Second (Immediate,) do

Duration of Last Sickness, Heart one year

All the above information should be furnished by the Physician.

Place of Burial, St Matthias Cemty. Carroll County

Date of Burial, March 30th 1876. *M. D.*

Medical Attendant.

Undertaker, H. Hofmann

Place of Business, 63 N. Eden St. *Address* 8th & Fayette

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 8960

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8960

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 28 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 27th 76

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Louisa Dutton

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 1 *Years,* 11 *Months,* 1 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 102 S. Paca between Lombard and

Cause of Death, First (Primary,) Diphtheria

Second (Immediate,)

Duration of Last Sickness, 8 Days

All the above information should be furnished by the Physician.

Place of Burial, Aisquith cemetery

Date of Burial, 29th March.

Undertaker, W. P. Dill

Place of Business, 183. Columbia ave, *Address* 203 W Lombard

John [illegible] M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 5761

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8961

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 29 1976 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, March 28th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Rev. Samuel Bradley

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 65 *Years,* *Months,* *Days.*

Color, Col *Sex,*

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Minister

Birthplace, {State or country (and how long in the United States, if of foreign birth.} U S - Ohio Ohio

Duration of Residence in the City of Baltimore, Hartford Co. Md

Place of Death, {Give street and number.} In 25 Chestnut Ally

Cause of Death, { First (Primary,) Pleuro Pneumonia
Second (Immediate,)

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Hartford Co Md

Date of Burial, March. 30th 1876

{ *Undertaker,* John C Jordan
Place of Business, 63 Park ave

W W Austin M. D.
Medical Attendant.

Address 192 Druid Pl

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

No. [illegible]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8962

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 29 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 27th 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Fink.

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 77. *Years,* *Months,* *Days.*

Color, White. *Sex,*

~~*Married, Single,*~~ *Widow* ~~*or Widower*~~, {Cross out the words not required in this line.} Widow.

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Littlestown Pennsylvania.

Duration of Residence in the City of Baltimore, Thirty three years.

Place of Death, {Give street and number.} No 313. N Howard. Cor. Richmond.

Cause of Death, {First (Primary,) Abscess at Ankle. / Second (Immediate,) Septæmia.

Duration of Last Sickness, Two weeks.

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cem.

Date of Burial, March 29th 1876

{*Undertaker,* Jas. H. Byrne / *Place of Business,* 59 n. Liberty st

W. Cran Bibler M. D.
Medical Attendant.

Address 47. Franklin St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 8963

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8963,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 29 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 28.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Rose G. Schwab

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 1. *Years,* 2. *Months,* 28. *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 207 Mesh St

Cause of Death, First (Primary,)

Second (Immediate,) Scarlatina

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem Of Loudon Dodge M. D.

Date of Burial, March 29th 1876 Medical Attendant.

Undertaker, Julius Koehler

Place of Business, cor Shop & Cross St *Address* 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8964

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 29 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 27th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Irine Raley,

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, Years, Twenty Nine Months, Days.

Color, White *Sex,* Female,

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City Md.

Duration of Residence in the City of Baltimore, Life time,

Place of Death, {Give street and number.} 219 Alice Anna St.

Cause of Death, First (Primary,)

Second (Immediate,) Scarlatina, Convulsions,

Duration of Last Sickness, One day.)

All the above Information should be furnished by the Physician.

Place of Burial, Balt. Cemetary

Date of Burial, Mar 29th

Undertaker, Leonhard Kurz

Place of Business, S. Bond Street No 277.

Nicholas L. Dashiell, M. D.
Medical Attendant.

Address 207 S Broadway.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 5965

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8965

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
MAR
29
1876
BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, March 27th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Louis Jacob Rudolph

Sex, Male or Female, {Cross out the word not required in this line.} ---

Age, 2 *Years,* 4 *Months,* 12 *Days.*

Color, white *Sex,* male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Carpenter

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 55 Hanover St

Cause of Death, First (Primary,) Croupous Pneumonia

Second (Immediate,) Asthenia

Duration of Last Sickness, about 11 months

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery Chas J Rudolph *M. D.*

Date of Burial, March 30th Medical Attendant.

Undertaker, J Godefroy

Place of Business, 41 Hanover St *Address* 222 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 7766

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8966

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 29 1916 BALTIMORE

Date of Death, 27 March

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Heinrich Fauk

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, 26 *Years,* *Months,* *Days.*

Color, white *Sex,* male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} single

Occupation, Machinist

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Berlin

Duration of Residence in the City of Baltimore, ~~1 Charles St 58~~ 2 years

Place of Death, {Give street and number.} 1 Charles St. 58

Cause of Death, First (Primary,) Abscess of the Liver

Second (Immediate,) Exhaustion

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, 29 March

L. F. Reinhard M. D.
Medical Attendant.

Undertaker, Conrad Gemmel

Place of Business, Park Street 60 *Address* 224 West Fayette Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

FILM

No. 5967

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 8967

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 29 1878

Date of Death, March 29th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George Henry Brown

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, *Years,* 11 *Months,* *Days.*

Color, Colored *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Japan & Ky 11 months

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 9 Low alley

Cause of Death, First (Primary,) Scrofula

Second (Immediate,) Pyaemia 6 months

Duration of Last Sickness, 6

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 30th 1878

Undertaker, Wm F Gray

Place of Business, 65 Hanover St

L A Collins M. D.
Medical Attendant.

Address 30 N Greene St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

SAFETY

No. [illegible]

The Special Attention of Physicians is respectfully invited to the remarks below. and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8968

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 29 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Mar 27th 76

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Hiram Smith

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 24 *Years,* 3 *Months,* [redacted] *Days.*

Color, Colored *Sex,*

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.} Married

Occupation, Barber

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt city

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 11 Johns Alley

Cause of Death, First (Primary,) Pneumonia

Second (Immediate.)

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 29th 1876

Undertaker, Wm S Gray

Place of Business, 45 Milby St *Address* 143 N Eutaw St

H B Barker M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

KODAK

No. 1 1 6 9

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8969

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 29 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 28th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lillie Baker

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 12 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

~~Married~~, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, about 7 years

Place of Death, {Give street and number.} 336 E Pratt St.

Cause of Death, First (Primary,) Congestion

Second (Immediate,) Spasm

Duration of Last Sickness, Five Days.

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, March 30th 1876

Undertaker, Miller Bro

Place of Business, 54 Broadway

Dr. P. Thomas *M. D.*
Medical Attendant.

Address 41 Eutaw near Pratt

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 5470

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8970

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 29 1876 BALTIMORE

Date of Death, March 28 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henry Wolf

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 73 *Years,* *Months,* 3 *Days.*

Color, White *Sex,*

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Gardener

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Hamburg Germany.

Duration of Residence in the City of Baltimore, 42 years

Place of Death, {Give street and number.} 52 Lemmon St.

Cause of Death, First (Primary,) Congestion of the Liver

Second (Immediate,) Enlargement "

Duration of Last Sickness, about 6 Months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetary

Date of Burial, March 30th 1876

J. C. Hammer M. D.
Medical Attendant.

Undertaker, Andrew Zell

Place of Business, 102 Druid Hill Ave Address 190 Penn St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 8971

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8971

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 29 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 29th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Estelle Davis

Sex, Male or Female, {Cross out the word not required in this line.}

Age, *Years,* 2 *Months,* 4 *Days.*

Color, *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, during life

Place of Death, {Give street and number.} 97 West Franklin

Cause of Death, First (Primary,) Infantile

Second (Immediate,)

Duration of Last Sickness, From birth

All the above information should be furnished by the Physician.

Place of Burial, Londenpark

Date of Burial, March 30

D. P. Hoffman M. D.
Medical Attendant.

Undertaker, J Cook

Place of Business, Address Baltimore St near Schroder

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 1972

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8972

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 29 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 28th 1876

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Charles Ward

~~Sex~~ *Male* ~~Female~~, { Cross out the word not required in this line. }

Age, Zero *Years,* One *Months,* Zero *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Zero Years

Place of Death, { Give street and number. } Balt. City 184 Front St

Cause of Death, { First (Primary,) Phthisis

Second (Immediate,)

Duration of Last Sickness, Three months

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, March 29th 1876

{ *Undertaker,* James S Byrne

{ *Place of Business,* No 63 Sth Green St

Jno Thomburnies M. D.
Medical Attendant.

Address S. W. Cor. Calvert & Reed Sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

No. 8973

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 8973

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 27 1918

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} C A Crawford

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 1 *Years,* 2 *Months,* *Days.*

Color, Colored *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} No 2 Chapel Ct

Duration of Residence in the City of Baltimore, Life 2 Mos

Place of Death, {Give street and number.} Eutaw Bet Lombard & Pratt

Cause of Death, First (Primary,) Cerebro Spinal Meningitis

Second (Immediate,)

Duration of Last Sickness, about 11 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel cemetery

Date of Burial, March 29 1918

C H Thomas *M. D.*
Medical Attendant.

{*Undertaker,* Burke & Filgheman
{*Place of Business,* 110 Druid Hill Ave *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish thin forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate ing forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person ased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8974

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

MAR 29 1876

Date of Death, 28th March 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ferdinand Ernst Graf

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 11 *Months,* 20 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth)} Balto City

Duration of Residence in the City of Baltimore.

Place of Death, {Give street and number} 298 W. Pratt St

Cause of Death, {First (Primary,) / Second (Immediate,)} Laryngitis Catarrhal Convulsions Chronic

Duration of Last Sickness,

All the above information should be furnished by the Physician

Place of Burial, Weskin Cemetery

Date of Burial, 29th March 1876

Undertaker, Fred. N. Troll

Place of Business, 90 S. Howard St.

F. Tolle M. D.
Medical Attendant.

Address 154 Main St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 8975

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8975

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 29 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 28th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Sears

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 3 *Years,* 4 *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto Maryland

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 62 Stockton Street

Cause of Death, First (Primary,) Scarlet Fever

Second (Immediate,)

Duration of Last Sickness, 36 hours

All the above information should be furnished by the Physician.

Place of Burial, Laurel Park Cem^x

Date of Burial, March 29th 1876

W Darley M. D.
Medical Attendant.

Undertaker, Reed Weaver

Place of Business, No 486 Druid Hill Avenue Address 163 Hutton st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 1976

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8976

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

RETURN DEPARTMENT
MAR
29
1876
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Mar. 27th '76

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Katrina Kronacker

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 20 *Years,* *Months,* *Days.*

Color, White *Sex,*

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Seamstress

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, All her life

Place of Death, {Give street and number.} St. Joseph's Hospl. Cor. Caroline & Fleet Sts.

Cause of Death, First (Primary,) Tuberculosis

Second (Immediate,) Exhaustion

Duration of Last Sickness, About 6 hrs.

All the above information should be furnished by the Physician.

Place of Burial, St. Mary's Cemetery

Date of Burial, March 29, 1876

Oscar J. Cotton M. D.
Medical Attendant.

Undertaker, Henry Mock

Place of Business, 309 Canal Street *Address* St. Joseph's Hospl.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 8977

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8977

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 29 1876

Date of Death, March 28

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Clara M. Rosenberg

Sex, Male or Female, {Cross out the word not required in this line.} ....

Age, 2 *Years,* *Months,* *Days.*

Color, white *Sex,* female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ansbach Kingdom of Bavaria

Duration of Residence in the City of Baltimore, 18 years

Place of Death, {Give street and number.} 257 N Eden st

Cause of Death, First (Primary,) Uterine Phthisis finally Pyemia

Second (Immediate,) Exhaustion

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cem. E Balto

Date of Burial, March 30, 1876

M. D.
Medical Attendant.

Undertaker, Henry Koch *Address* 256 N Eden st

Place of Business, 169 Central Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8978

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 28th, 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Joshua C. Gambrill

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, *Years,* Ten *Months,* Fourteen *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore, Md.

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} No. 279 E. Pratt St.

Cause of Death, First (Primary,) Scarlet Fever

Second (Immediate,)

Duration of Last Sickness, Two Weeks

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, March 29th 1876

Undertaker, Wm Frey

Place of Business, N. Broadway

Wm H. Glendinning, M. D.
Medical Attendant.

Address No. 2 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 5979

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8979

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 30 1876

Date of Death, March 25th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Alice Silsbury

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, —— *Years,* 7 *Months,* —— *Days.*

Color, Col'd

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} ~~Preside~~ Attached to Yard St

Cause of Death, First (Primary,) Trial Institution

Second (Immediate,) Marasmus

Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician

Place of Burial, Laurel Cemetery

Date of Burial, March 29 1876

Undertaker, Paul W. Chase

Place of Business, S. Howard St Address Commissioners of Health & Registrar

M. D.

~~Medical Attendant~~

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Harriet A Colston Aunt

[OVER.]

No. 5956

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8980

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 30 1876 BALTIMORE

Date of Death, March 28 — 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henry Hanson

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 11 *Years,* 2 *Months,* 12 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, School boy

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 11 years 2 M. 12 D

Place of Death, {Give street and number.} 215 Lexington St

Cause of Death, First (Primary,) Phleg. Erysipelas

Second (Immediate,) Typhoid Fever

Duration of Last Sickness, 1 week

All the above Information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, March 30th 1876

Undertaker, Henry Thayer

Place of Business, 106 N. Howard St

Chas L. Rice M. D.
Medical Attendant.

Address 62 Park Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 5951

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 8981

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 29th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Georgiana Gorsler

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, *Years,* 10 *Months,* 6 *Days.*

Color, Colored *Sex,*

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, no other residence

Place of Death, {Give street and number.} No 52 Stevens Alley

Cause of Death, First (Primary,) Scrofulous Phthisis

Second (Immediate,) Anemia.

Duration of Last Sickness, three months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Vam

Date of Burial, March 30th 1876

Undertaker, Chas. L. Scriven

Place of Business, N 27 St. Eutaw st

L. F. Flurer M. D.
Medical Attendant.

Address N. E. cor City Hall Baltimore Md

MAR 30 1876

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 5912

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8982

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 30 1876 BALTIMORE MD.

Date of Death, March 27. 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Isaac P Olds

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 38 *Years,* 7 *Months,* *Days.*

Color, White *Sex,* Male

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Street Car Driver

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Wisconsin

Duration of Residence in the City of Baltimore, About 13 years

Place of Death, {Give street and number.} Pressman & Son Stove Stricker

Cause of Death, {First (Primary,) Disease of the Heart / Second (Immediate,)

Duration of Last Sickness, 2 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Louden Park Cemetry

Date of Burial, 29 of March

{*Undertaker,* J B Blackiston / *Place of Business,* 606 Baltimore st

Snl Entertine M. D.
Medical Attendant.

Address 512 W Lomb. St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 1

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this

Board of Health, City of Baltimore,

Permit No. 8983 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 30 1876 BALTIMORE

Date of Death, 29 March 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Andrew Higle

Sex, Male or Female, {Cross out the word not required in this line.}

Age, *Years,* 8 *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 52 Parkin St

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 52 Parkin St

Cause of Death, First (Primary,) Catarrh fever

Second (Immediate,)

Duration of Last Sickness, 14 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery. P. V. Benson M. D.

Date of Burial, March 29th Medical Attendant.

Undertaker, Wm. M. Leonard & Son

Place of Business, 52 W. Baltimore St Address 187 Hollins St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 5754

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8984

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 30 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 29th 1876,

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lenos Hadaway,

Sex, Male or Female, {Cross out the word not required in this line.} Female.

Age, 1 *Years,* 8 *Months,* 16 *Days.*

Color, *Sex,* Fem

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 176 Barre St.

Cause of Death, First (Primary,) Scarlatina

Second (Immediate,) Inanition

Duration of Last Sickness, Three weeks.

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet

Date of Burial, 30th Mar 1876

R. J. N. Tall, M. D.
Medical Attendant.

Undertaker, J. S. Mackie

Place of Business, 150 Camden St *Address* 15-8 S. Sharp St,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 1915

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8985

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 30 1876 BALTIMORE

Date of Death, March 28/76

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sebastian Bub

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 16 *Years,* 4 *Months,* *Days.*

Color, White *Sex,* male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, 16 yrs 4 mos

Place of Death, {Give street and number.} 9 South alley

Cause of Death, First (Primary,) Pulmonal Consumption Morbus Cataleptica

Second (Immediate,) Exhaustion

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Aeph Cem.

Date of Burial, March 30/76 2 P M.

Undertaker, John Brann

Place of Business, 77 S Paca

H Adams *M. D.*

Medical Attendant.

Address 6 N Eden St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 5716

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 8986

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

MAR 30 1876

Date of Death, March 29th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ellen Attend

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 20 *Years,* —— *Months,* —— *Days.*

Color, White *Sex,* Female

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, all her life

Place of Death, {Give street and number.} 243 N. Charles st

Cause of Death, First (Primary,) Scrofula

Second (Immediate,) Pulmonary emphysema

Duration of Last Sickness, Five days

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, March 31st 1876

R. H. Goldsmith, M. D.
Medical Attendant.

Undertaker, John H. Weaver

Place of Business, # 22 W. Fayette St. *Address* 125 N. Charles st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Keepers of Cemeteries in City of Baltimore will make returns of deaths

No. 5997

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

Permit No. 8987

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

MAR 30 1876

Date of Death, March 29th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mrs Henrietta Encke

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 74 *Years,* ——— *Months,* ——— *Days.*

Color, white

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.} Married

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany - 23 years

Duration of Residence in the City of Baltimore, 23 years

Place of Death, {Give street and number.} 45 S. High Street

Cause of Death, First (Primary,) old age

Second (immediate,) Senile Decay

Duration of Last Sickness, ———

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, March 31st 1876

Undertaker, Scheeser

Place of Business, Harrison St. *Address* Commis of Health & Registrar

M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Mr Ludwig Encke - Son

[OVER.]

No. 1911

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8978

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

WATER DEPARTMENT
MAR
30
1876

CERTIFICATE OF DEATH.

Date of Death, March 29 — 1876 —

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Gideon Langdon Cofran

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, Thirteen *Years,* one — *Months,* seven *Days.*

Color, White *Sex,* Male —

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 75 St Peter St

Cause of Death, First (Primary,) General Strumous Affection.

Second (Immediate,) Asthenia —

Duration of Last Sickness, Fifteen months —

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery R. F. McDowell M. D.

Medical Attendant.

Date of Burial, March 31 1876

Undertaker, Chas T. Herodd *Address* 290 Madison ave.

Place of Business, Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8989

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 30 1876

CERTIFICATE OF DEATH.

Date of Death, March 29th 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Reilly

Sex, Male or Female, {Cross out the word not required in this line.} Male.

Age, 27 Years, Months, Days.

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Sex, Male. Unmarried.

Occupation, Mechanic

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 27 years.

Place of Death, {Give street and number.} 200 Saratoga St

Cause of Death, {First (Primary,) Tuberculosis. Second (Immediate,) Hemorrhage Lungs 7 months

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral Cemetery.

Date of Burial, March 31st 1876

Undertaker, James O'Byrne

Place of Business, No 63 W Fayette St

Wm Riley M. D.
Medical Attendant.

Address 47 Lexington St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Keepers of Cemeteries ... will make returns of all ... Burials

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

No. 8990

Board of Health, City of Baltimore,

Permit No. 8990

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 30 1876 BALTIMORE

Date of Death, March 30th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Maggie Rena

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 4 *Years,* 11 *Months,* 1 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth} Baltimore City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} No. 106 E. Lemon Alley

Cause of Death, First (Primary,) ...

Second (Immediate,) Convulsions

Duration of Last Sickness, 1 Day

All the above information should be furnished by the Physician

Place of Burial, St Alphonsus Cem

Date of Burial, March 30th 76

Undertaker, Richard Lewis

Place of Business, No 780 Canton Ave. *Address &c.*

Medical Attendant. *M. D.*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Keepers of Cemeteries in City of Baltimore will make returns of all Permits for Burials each week

No. 8991

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8991

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

MAR 30

Date of Death, March 29th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} (Elizabeth West Patterson)

Sex, Male or Female, {Cross out the word not required in this line.} .....

Age, (76) *Years,* (11) *Months,* (16) *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Housewife

Birthplace, {State or country (and how long in the United States, if of foreign birth.} (Cecil Co Md)

Duration of Residence in the City of Baltimore, (30 yrs)

Place of Death, {Give street and number.} 241 North Dallas St

Cause of Death, First (Primary,) Old age

Second (Immediate,) Bronchitis

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, March 31st 1876

Undertaker, William Frey

Place of Business, N. Broadway *Address* No 1 S High St

Dr H Silk Gaston **M. D.**
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

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No. 8992

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8992.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 30 1876 BOX 1109

Date of Death, March 29th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sabrina Milburn

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 23 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, One year

Place of Death, {Give street and number.} 305 Light St

Cause of Death, First (Primary,) Typhoid Pneumonia

Second (Immediate,)

Duration of Last Sickness, about 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, ~~Armstrong & Denny~~ Western Cemetery

Date of Burial, ~~March 31st 1876~~ Western Cemetery

{*Undertaker,* ~~Armstrong & Denny~~

{*Place of Business,* ~~263 Light St~~

L. C. Bunch M. D.
Medical Attendant.

Address 141 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Keepers of ... Nurses of all P...

No. 8993

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8993

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 28th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Jane Penfield

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, *Years,* Seven *Months,* 2 7 *Days.*

Color, col

Married, Single, Widow or Widower, {Cross out the word is not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Chestnut St 103

Cause of Death, {First (Primary,) ... Second (Immediate,) Bronchitis

Duration of Last Sickness, Eight weeks

All the above information should be furnished by the Physician

Place of Burial,

Date of Burial, March 30th 76

Undertaker,

Place of Business,

E. C. Baldwin *M. D.*
Medical Attendant.

Address 124 N. Exeter St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

8994

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 8994

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

MAR 30 1896 BALTIMORE

Date of Death, March 30th 1896

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henry P. P. Heintz

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, 1 *Years,* Two *Months,* Fifteen *Days.*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Two months & a half

Place of Death, {Give street and number.} #580 Augusta St

Cause of Death, {First (Primary,) Congestion of Lungs

{Second (Immediate,) "

Duration of Last Sickness, Twenty four hours

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, March 31st 96

{*Undertaker,* Geo. Schilling

{*Place of Business,* cor Fayette & Monument sts.

A Hartman M. D.

Medical Attendant.

Address 305 ~~Fayette~~ N. Caroline St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Keepers of Cemeteries in City of Baltimore will make returns of all Permits for Burials

No. 8995

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

Permit No. 8995

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 29th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Gaddis

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 4 *Years,* *Months,* *Days.*

Color, White

~~Married~~, ~~Single~~, ~~Widow~~ or Widower, {Cross out the words not required in this line.}

~~Occupation~~,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto Md.

Duration of Residence in the City of Baltimore, 4 yrs

Place of Death, {Give street and number.} 142 McHenry Sts.

Cause of Death, {First (Primary,) Scarlet Fever.
{Second (Immediate,)

Duration of Last Sickness, One week

All the above information should be furnished by the Physician

Place of Burial, Baltimore Cemetery

Date of Burial, March 30

Undertaker, L B Cook

Place of Business, 107 Light Baltimore

W. L. Shea M. D.
Medical Attendant.

Address 57 W. Conway St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 8996

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8996.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 30 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 30 9 a m.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Frouzin Waldner Sr

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 23 *Years,* *Months,* *Days.*

Color, white *Sex,*

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Machanic

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 23 years

Place of Death, {Give street and number.} 14 Davis Street

Cause of Death, First (Primary,)

Second (Immediate,) Consumption

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery John D. Ziker. M. D.

Date of Burial, Mch 31 1876 Medical Attendant.

Undertaker, Millers

Place of Business, Harrison St *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 8997

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8997

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 30 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 30 March 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Joseph Francis Starkey

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, *Years,* *Months,* 31 hours ~~Days.~~

Color, White *Sex,* male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore city

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number.} 183 N Paca St.

Cause of Death, First (Primary,) Prematurely born - under 7 mos.

Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemy

Date of Burial, March 31. 1876

Marbury Brewer M. D.
Medical Attendant.

Undertaker, Lot 7 Byrne

Place of Business, Libby St Address 201 W Biddle St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 8998

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8998

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 30 th 1896

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Fred. Leaman

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 33 *Years,* — *Months,* — *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth} Germany

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 225 E. Eutaw St

Cause of Death, First (Primary,) Mercurialization

Second (Immediate,) 3 days

Duration of Last Sickness,

All the above information should be furnished by the Physician

Place of Burial, Western Cemetery Geo. W. Benson M.D.

Date of Burial, March 31 st 1896 Medical Attendant.

Undertaker, Chas F. Herold

Place of Business, 161 Hanover St. *Address* 161 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

This man was a Jew he would often over he fell bad and get Jews both to Calomel to take it.

Keepers of Cemeteries in City of Baltimore will make returns of all Permits for Burials ... day of each week.

No. 8999

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8999

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 31 1876 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, March 29th 6 30 A M. 1876

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Anna Maher Butler

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 33 *Years,* ... *Months,* ... *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Married

Occupation, —

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Ireland.

Duration of Residence in the City of Baltimore, 20 years —

Place of Death, { Give street and number. } 61 S. Caroline St.

Cause of Death, { First (Primary,) Phthisis Pulmonalis / Second (Immediate.) }

Duration of Last Sickness, since Feb. 25th 1876

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cem.y

Date of Burial, March 31st 1876

Undertaker, Jos. H Byrne

Place of Business, 5 Gn Liberty St

James E. Donnelly M. D.
Medical Attendant.

Address 299 E. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BA

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL

Permit No. 9000

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if required so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Balt. March 27th 18 76

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Louisa Harris Female infant

Sex, Male or Female, {Cross out the word not required in this line.}

Age, *Years,* one *Months,*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} infant

Occupation, nothing

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt City

Duration of Residence in the City of Baltimore, From Birth

Place of Death, {Give street and number.} No 131 Hill St

Cause of Death, First (Primary,) Atrophy

Second (Immediate,) Five days

Duration of Last Sickness,

All the above information should be furnished by the Physician

Place of Burial, Laurel Cemetery

Date of Burial, March 31 1876

Undertaker, J. H. Chase

Place of Business, No 198 Division St

J. H. Boyer M. D.
Medical Attendant.

Address No. 146 Hill St
Baltimore Md

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

No. 7001

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9001

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 30 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John W. Meredith

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 3 *Years,* 2 *Months,* *Days.*

Color, Brown

Married, Single, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number} 262 Howard St.

Cause of Death, {First (Primary,) Second (Immediate,)} Marasmus

Duration of Last Sickness, 2 months

All the above information should be furnished by the Physician

Place of Burial, Laurel Cemetery

Date of Burial, Mar 30 76

Undertaker, Wm. H. Cushen

Place of Business, 4 Hillsborough

E. M. Hall M. D.
Medical Attendant.

Address 266 So. Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and place of death, except in cases of births and deaths of Illegitimate children.

[OVER.]

No. 9902

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9902

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

MAR 31 1876

Date of Death, March 31st 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} of Infant to Edw Cunningham

~~Son, Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 16 hours ~~Years~~, ~~Months~~, ~~Days~~.

Color, White *Sex,* Female

~~Married~~, *Single, Widow or Widower,* {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 294 N Edens St.

Cause of Death, {First (Primary,) Premature birth (not over seven months)
Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Vincent's

Date of Burial, March 31st 1876

Undertaker, Henry Breard

Place of Business, 1 Gay St

Edw Cochran M. D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

E T Y ▲ F I L M

No. 9003

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9003

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 31 1876 BALTIMORE

Date of Death, March 30th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Havanagh

Sex, Male or Female, {Cross out the word not required in this line.}

Age, four *Years,* eleven *Months,* *Days.*

Color, *Sex,* White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number.} 172 Penn St

Cause of Death, First (Primary,) Scarlet Fever

Second (Immediate,) Convulsions

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetary

Date of Burial, March 31st 1876

D. P. Hoffman M. D.
Medical Attendant.

{*Undertaker,* J. B Cook,
Place of Business, 707 N. Baltimore St, *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

D A K S A F E

No. 9004

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9004

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 31 1876 BALTIMORE

Date of Death, March 31st 1876

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Wm Edgar Fuchs

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 3 *Years,* 8 *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, since birth

Place of Death, { Give street and number. } 97 S. Chester

Cause of Death, First (Primary,) Catharal Pneumonia

Second (Immediate,) Phthisis Pulmonalis

Duration of Last Sickness, Since March 19th 1876

All the above information should be furnished by the Physician.

Place of Burial, Mt. Carmel Cem

Date of Burial, April 1st 1876

Undertaker, M A Daiger

Place of Business, 404 S Broadway

James E. Donnelly M. D.
Medical Attendant.

Address 299 E. Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 9903

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9005

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE MAR 31 1876

CERTIFICATE OF DEATH.

Date of Death, March 29th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Christiana B. Hutchins

~~Sex, Male or Female,~~ {Cross out the word not required in this line.}

Age, One *Years,* Seven *Months,* Three *Days.*

Color, White *Sex,* Female

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 141 E Central Avenue

Cause of Death, First (Primary,) Catarrh and Teething

Second (Immediate,) Convulsions

Duration of Last Sickness, Three weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, April 2nd 1876

Undertaker, H. A. Daiker

Place of Business, 749 Broadway *Address* 102 E. Pratt

Milton S. Taylor. *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 9006

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9006

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 31 1876 BALTIMORE

Date of Death, March 28th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John H. Conway

Sex, Male or Female, {Cross out the word not required in this line.} Male,

Age, 35 *Years,* 2 *Months,* 16 *Days.*

Color, Colored *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Eastern shore Maryland

Duration of Residence in the City of Baltimore, 1 year

Place of Death, {Give street and number.} Lafayette st No 23.

Cause of Death, {First (Primary,) Phthisis pulmonalis,
Second (Immediate,) Anasarca
Duration of Last Sickness, 2 Months}

All the above information should be furnished by the Physician.

Place of Burial, Dallis st. ground

Date of Burial, Mar 31) 76

{*Undertaker,* John M Locks
Place of Business, 59 S. Wolf st

O. F. Radcliffe M. D.
Medical Attendant.

Address No 116 Chamber St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 9007

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9007

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 31 1876 BALTIMORE

Date of Death, March 28th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mrs Louisa Bullen

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 34 *Years,* *Months,* *Days.*

Color, Col'd.

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Nurse.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore, Md

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 174 S. Dallas

Cause of Death, {First (Primary,) Second (Immediate,)} Ascites

Duration of Last Sickness, Four years

All the above information should be furnished by the Physician

Place of Burial, Dallis st (ground

Date of Burial, May 31) 76

Undertaker, John W. Locke

Place of Business, 59 & Wolf st

J. L. Hickey M. D.
Medical Attendant.

Address 69 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 9008

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9008 .

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 31 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 30 — 76

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Samuel. A. Thomas

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 27 *Years,* *Months,* 16 *Days.*

Color, W. *Sex,* Male

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Drayman

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 27 Years 16 M

Place of Death, {Give street and number.} 31 Raborg St

Cause of Death, {First (Primary,) Phthisis Pulmonalis

{Second (Immediate,) 6 Months

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, ~~Mount Olivet Cemetery~~ Samuel Cemetary

Date of Burial, March 31st 1876

Undertaker, Wm Sam Gray

Place of Business, 65 Hunting St,

Geo L. Rice M. D.
Medical Attendant.

Address 62 Park Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 9009

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9009

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTRATION DEPARTMENT
MAR
31
1876
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 30th '76

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Dreland

~~*Sex,*~~ *Male* ~~*or Female,*~~ {Cross out the word not required in this line.}

Age, 44 *Years,* *Months,* *Days.*

Color, Black *Sex,* Male

Married, ~~*Single,*~~ ~~*Widow*~~ *or* ~~*Widower,*~~ {Cross out the words not required in this line.}

Occupation, Fire-man on boat

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Fifteen years

Place of Death, {Give street and number.} Washington University Hospital

Cause of Death, First (Primary,) Pyaemia

Second (Immediate,) Suppurative Pleurisi

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 31st 1876

Undertaker, Wilson A. Dorsey

Place of Business, 109 East St.

A. L. Wolfe, M. D.
(Ex Res. Surg. Univ.)
Medical Attendant.

Address Washington University Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 9010

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9010

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 31 1876

CERTIFICATE OF DEATH.

Date of Death, March 30th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Julia Harrington

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Sixteen *Years,* four *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Dressmaker

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, from her birth

Place of Death, {Give street and number.} 910 Mulberry St

Cause of Death, First (Primary,) Exposure

Second (Immediate,) Phthisis Pulmonalis

Duration of Last Sickness, Several months

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, April 1st 1876

J. H. Chatard M. D.
Medical Attendant.

Undertaker, James D Byrne

Place of Business, No 63 N Front St *Address* 1114 Park Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 9011

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 9011

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 31st 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Charles William Ahrman

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 9 ~~X~~ *Months,* 18 *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 92 Granby St Balt.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 92 Granby St

Cause of Death, { First (Primary,) Meningitis
Second (Immediate,)

Duration of Last Sickness, Fourteen days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, April 1st

Attfield M. D.
Medical Attendant.

Undertaker, Peter Frey

Place of Business, 91 Eutaw

Address 95 S. Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 9012

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9012

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 31. 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Thomas B Marshall

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, 3 *Years,* 6 *Months,* ~~ *Days.*

Color, White *Sex,* Quadroon

~~*Married*~~, *Single*, ~~*Widow or Widower*~~ {Cross out the words not required in this line.} Single

Occupation, ~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, All his life

Place of Death, {Give street and number.} 118 S Paca St

Cause of Death, First (Primary,) Congenital partial Hemiplegia

Second (Immediate,) Coma & Exhaustion

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, April 2d 1876

Undertaker, Chas. S. Hacker

Place of Business, 150 Camden St *Address* 55 N. Green St.

W. H. Keyser M. D.
Medical Attendant.

MAR 31 1876

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 9013

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9013

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 30 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lazarus Engel

Sex, Male or Female, {Cross out the word not required in this line.} ~~Male~~ Female

Age, 69 *Years,* ____ *Months,* ____ *Days.*

Color, White *Sex,* ____

Married, Single, Widow or Widower, {Cross out the words not required in this line.} married.

Occupation, Merchant

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 40 years

Place of Death, {Give street and number.} 124 Granby St.

Cause of Death, {First (Primary,) Oedema of the Lung. Second (Immediate,) Chronic Heart Disease.

Duration of Last Sickness, about 40 minutes

All the above information should be furnished by the Physician.

Place of Burial, Laydes Synagogue Cemetery

Date of Burial, April 2nd 1876

Herman B. Arnold M. D.
Medical Attendant.

Undertaker, M. Langrod

Place of Business, 87 Gough St. *Address* ____

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 9014

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9014

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 31. 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John James Daugherty

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ~~Years,~~ 8 *Months,* ~~Days.~~

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, none

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt.o City

Duration of Residence in the City of Baltimore. Life

Place of Death, {Give street and number.} 7 North Durham st

Cause of Death, First (Primary,) Dentition

Second (Immediate,)

Duration of Last Sickness, 1 Week

All the above information should be furnished by the Physician.

Place of Burial, Laurel County

Date of Burial, Apl 2. 1876

Undertaker, W H Lungae

Place of Business, East.

_____ *M. D.*
Medical Attendant.

Address Comm.r of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information from Undertaker

[OVER.]

No. 9013

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9015.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 30 1896

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Infant of Louis & Lola Webster

Sex, Male or Female, {Cross out the word not required in this line,} Female

Age, — *Years,* — *Months,* 1 *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, none

Birthplace, {State or country (and how long in the United States, if of foreign birth} 1110 Sod Howard St

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 1110 Sod Howard St

Cause of Death, First (Primary,) Premature Birth

Second (Immediate,) —

Duration of Last Sickness, 1 Day

All the above information should be furnished by the Physician

Place of Burial, Laurel County

Date of Burial, Apl 1 1896

Undertaker, S W Chase

Place of Business, Howard St

M. D.
Medical Attendant.

Address Court House

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information from Father

[OVER.]

No. 9016

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9016.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 1st 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Filman K. Engelbach

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 6 *Years,* 5 *Months,* *Days.*

Color, *Sex,* Male

~~*Married, Single, Widow or*~~ *Widower,* {Cross out the words not required in this line.}

Occupation, Cooper

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 25 years

Place of Death, {Give street and number.} 161 Columbia St.

Cause of Death, {First (Primary,) / Second (Immediate,)} Chronic valvular Dis of Heart.

Duration of Last Sickness, one year

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, the 2d April

R. J. N. Tall, M. D.
Medical Attendant.

{*Undertaker,* Ph. P. Dill. / *Place of Business,* 183 Columbia ave} Address 15 & Sharp

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9017.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 30th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie F. Stein

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 4 *Years,* 7 *Months,* *Days.*

Color, white

~~*Married*~~, *Single,* ~~*Widow or Widower*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth} Baltimore city

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 421 Eastern Av.

Cause of Death, {First (Primary,) / Second (Immediate,)} Scarlatina

Duration of Last Sickness, 4 hours 3 days

All the above information should be furnished by the Physician.

Place of Burial, St. Thomas Cem

Date of Burial, April 1

A. F. Erich *M. D.*
Medical Attendant.

Undertaker, Caroline Zippel

Place of Business, 151 Bond st *Address* 914 E. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 9015

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9118.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Baltimore March 30th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Ann Ross

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Forty Seven *Years,* Ten *Months,* *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Laundress

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Dorchester Co, Maryland

Duration of Residence in the City of Baltimore. Thirteen Years

Place of Death, {Give street and number.} No. 11 Wilkins Alley

Cause of Death, {First (Primary.) Pneumonia / Second (Immediate,) Apoplexy

Duration of Last Sickness, Sixteen days

All the above information should be furnished by the Physician

Place of Burial, Laurel Cemetery

Date of Burial, April 1st 76

Undertaker, Hercules Ross

Place of Business, 11 Wilkins

J. T. Dyer M. D.
Medical Attendant.

Address No 116 Hill St. Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9119

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT APR 1 1876

CERTIFICATE OF DEATH.

Date of Death, March 31st 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Elizabeth Ehlers

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 7 *Years,* 7 *Months,* 28 *Days.*

Color, — *Sex,* Fem

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City.

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 193 S. Paca St.

Cause of Death, {First (Primary,) Diphtheritic Laryngitis
Second (Immediate,) 6 days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem.

Date of Burial, April 2

Undertaker, J. B. Blackistone & Son

Place of Business, 606 Balt St

R. J. H. Tall M. D.
Medical Attendant.

Address 15 S. Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9020

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPT APR 1 1876

Date of Death, 31st March 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wm. Wm. Chesney

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, *Years,* 8 *Months,* 9 *Days.*

Color, *Sex,*

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, 8 Months

Place of Death, {Give street and number.} 113, N. Wolf st

Cause of Death, First (Primary,) Acute Bronchitis

Second (Immediate,) Congestion Lungs

Duration of Last Sickness, 2 or 3 days

All the above information should be furnished by the Physician.

Place of Burial, Balto. Cemetery Wm. H. Burnett M. D.

Date of Burial, April 2nd Medical Attendant.

Undertaker, Wm Frey

Place of Business, 341 Broadway Address 7 Madison st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9021

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTRAR'S OFFICE APR 1 1876

CERTIFICATE OF DEATH.

Date of Death, 31st March 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Son of J. & Crook & M. E. Bandel

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, — *Years,* 3 *Months,* — *Days.*

Color, White *Sex,* —

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number.} 217 E Baltimore

Cause of Death, First (Primary,) Marasmus

Second (Immediate,)

Duration of Last Sickness, 9 mo's

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem'y — W. W. Bruns M. D.

Date of Burial, April 1st 1876 Medical Attendant.

Undertaker, Thos. C. Hughes, *Address* 166 N Fayette St.

Place of Business, 6th & Balto

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 1

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9022

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. APR 1 1876

CERTIFICATE OF DEATH.

Date of Death, March 30th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Lulia Bailley

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 3 *Years,* 3 *Months,* 15 *Days.*

Color, Mulatto *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, All her life

Place of Death, {Give street and number.} 13 Jordan Alley

Cause of Death, First (Primary,) Tubercular Meningitis

Second (Immediate,)

Duration of Last Sickness, about 3 hrs

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 1st 1876

Undertaker, Wm. Symns Gray

Place of Business, 65 Mulberry St *Address*

Dr. Carey Thomas M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9023,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

APR 1 1876

Date of Death, 31 March 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Becker.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, 12 *Years,* 5 *Months,* 19. *Days.*

Color, White *Sex,* Male

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} oo

Occupation, oo

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Birth.

Place of Death, {Give street and number.} 309 Mulberry St

Cause of Death, First (Primary,) valvular disease of the heart

Second (Immediate,) Dropsy. (Anasarca)

Duration of Last Sickness, Some months.

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemetery

Date of Burial, The 1st of April

Undertaker, P. Kinnert

Place of Business, 311 Mulberry St. *Address*

G. Wape. *M. D.*

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 9024

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9024

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 1 1876

CERTIFICATE OF DEATH.

Date of Death, March 31st 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charity Ann Harris

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 18 *Years,* 3 *Months,* *Days.*

Color, Col

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth)}

Duration of Residence in the City of Baltimore, 2 years

Place of Death, {Give street and number.} At Parents 219

Cause of Death, {First (Primary,) Second (Immediate,)} Interpal Convulsions

Duration of Last Sickness, One day

All the above information should be furnished by the Physician

Place of Burial, Lloyds Cemetery

Date of Burial, 1st April 1876 Clerk

E. C. Baldwin M. D.
Medical Attendant

{*Undertaker,* George C Rodenmayer
Place of Business, 38 Eason Ave} *Address* 124 N Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 1

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9025

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 31st 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Emily Jane Williams

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ——— *Years,* 5 *Months,* ——— *Days.*

Color, Cold

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 28 Winter Street — Artificial Nursing

Cause of Death, {First (Primary,) Marasmus

{Second (Immediate,)

Duration of Last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, W. Potters Field

Date of Burial, April 1st 1876

Undertaker, M. H. C. Penn

Place of Business, 1148 W. Pratt St

Address Commiss. of Health & Registrar

M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information Nancy Williams mother

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9026

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 1876

CERTIFICATE OF DEATH.

Date of Death, March 31st 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} ~~Miss~~ Nisida S. Vesper

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, Twenty Eight *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, ~~Single~~, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} U. S. Thomaston Maine

Duration of Residence in the City of Baltimore. Five Years

Place of Death, {Give street and number.} 65 Mc Culloh

Cause of Death, First (Primary,) Disease of the heart

Second (Immediate,) Dropsy

Duration of Last Sickness, Nine Months

All the above information should be furnished by the Physician.

Place of Burial, Thomaston Maine

Date of Burial, April 1st 1876

Undertaker, Wm. Sinkins & Son

Place of Business, 16 Light St.

Thomas Shearn *M. D.*
Medical Attendant.

Address 97 N. Charles St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

(Transit 400)

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9027

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 31st 11 P.M. +22 min

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Emma Bond Stewart

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Years, 22 Months, 6 Days.

Color, Sex,

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} N° 99 N Bond St

Duration of Residence in the City of Baltimore, 22 mos 6 days

Place of Death, {Give street and number.} N° 99 N. Bond St

Cause of Death, First (Primary,) Pertussa Anginosa

Second (Immediate,) Croup

Duration of Last Sickness, Nine (9) Days

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, April 2nd 96

Undertaker, Thos L Hughes

Place of Business, 611 E Balto

N. F. Kirk M. D.
Medical Attendant.

Address 74 N. Paca St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No 9028

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 31st 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ruth Elizabeth Kruger

Sex, ~~Male~~ or ~~Female~~, {Cross out the word not required in this line.}

Age, 2 *Years,* 2 *Months,* *Days.*

Color, White *Sex,*

Married, ~~Single~~, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Washington D C

Duration of Residence in the City of Baltimore, about Six Years,

Place of Death, {Give street and number.} 36? Mc Mechen

Cause of Death, First (Primary,) Spinal fever

Second (Immediate.)

Duration of Last Sickness, about 3 Wks

All the above Information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemetery

Date of Burial, April 2nd 1876

Undertaker, S B Cook

Place of Business, 1707 W. Baltimore Street

W. H. McShane M. D.

Medical Attendant.

Address 582 W Lafayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9029

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 1876

CERTIFICATE OF DEATH.

Date of Death, March 31 - 1876

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mary R. Dower

Sex, Male or Female, { Cross out the word not required in this line. }

Age, One . *Years,* Four *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore Md

Duration of Residence in the City of Baltimore, ~~544 N. Gouldsboro~~

Place of Death, { Give street and number. } 541 N. Gouldsboro

Cause of Death, { First (Primary,) Scarlatina

Second (Immediate,) Twelve Days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Apr 2nd 1876

Undertaker, Keighler & Co

Place of Business, 550 W Fayette St

D. L. Rowe M. D.
Medical Attendant.

Address 29 Madison, pl

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 80

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9030

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 31st 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Margret Rice

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 83 *Years,* ——— *Months,* ——— *Days.*

Color, White *Sex,* ———

~~*Married, Single,*~~ *Widow* ~~*or Widower*~~, {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, All her life

Place of Death, {Give street and number.} 403 Eutaw Place

Cause of Death, First (Primary,) Catarh

Second (Immediate,) Old age

Duration of Last Sickness, 14 days

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cemetery

Date of Burial, April 2nd 1876

Undertaker, Hughes & Co

Place of Business, 550 W Fayette St

D. C. Williams M. D.
Medical Attendant.

Address 201 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 9031

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9031

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 1 1916

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lewis Carmil Goodman

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ~~Years~~, ~~Months~~, 6 *Days.*

Color, *Sex,* Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} No 26 Morris Alley

Duration of Residence in the City of Baltimore.

Place of Death, {Give street and number.} No 26 Morris Alley

Cause of Death, First (Primary,) Spasm

Second (Immediate.)

Duration of Last Sickness, 24 hours

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 2 1916

Undertaker, Edward T Scriven

Place of Business, Cor Eutaw & Race Sts 271

Filbert 16 M. D.
Medical Attendant.

Address No 23 Bath St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. [illegible]

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9032

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 2 1876

CERTIFICATE OF DEATH.

Date of Death, April 1st 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Antonio Martini

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 2 hours ~~Days.~~

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 245 Jefferson St

Cause of Death, First (Primary,) ———
Second (Immediate,) Convulsions

Duration of Last Sickness, 2 hours.

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, April 2 1876

Undertaker, A. Kohler

Place of Business, 244 E. Lombard St

M. D.
~~Medical Attendant~~

Address Commiss of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Mrs Mary Budd Midwife [OVER.]

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9033

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 1876

CERTIFICATE OF DEATH.

Date of Death, April 1st

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Alice Wright

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 8 *Years,* Three *Months,* Twenty four *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, All her life

Place of Death, {Give street and number.} 401 Aisquith St.

Cause of Death, {First (Primary.) / Second (Immediate,)} Congestion of the brain

Duration of Last Sickness, Nine days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, April 3rd 1876

Undertaker, Wm. G. Wichman

Place of Business, 234 N. Eden St. *Address* 453 N Paca St Balt

W. Hammond *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9031

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 1876

CERTIFICATE OF DEATH.

Date of Death, March 31st 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Rebecca Grice Evans

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 2 *Years,* 3 *Months,* 7 *Days.*

Color, "Colored" *Sex,* Female

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, From Birth -

Place of Death, {Give street and number.} 9 Parrish Street

Cause of Death, First (Primary,) Gastric irritation

Second (Immediate,) Eclampsia

Duration of Last Sickness, Two days -

All the above information should be furnished by the Physician.

Place of Burial, Lapsley Cemetery

Date of Burial, April 1st 76

Undertaker, Wm. C. Lange

Place of Business, 1109 East Street

Thos. E. Sears, M. D.
Medical Attendant.

Address N. W. Cor. Fayette & Schroeder Sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9035

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 2 1876

CERTIFICATE OF DEATH.

Date of Death, April 1st 1876

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents } M. C. Knieche

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 45 *Years,* *Months,* September *Days.*

Color, White *Sex,* Female

Married, ~~Single, Widow or Widower;~~ { Cross out also words not required in this line. } Married

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 36 years

Place of Death, { Give street and number. } Lexington St. No 213

Cause of Death, { First (Primary,) Consumption / Second (Immediate.)

Duration of Last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, Trinity St B.G.

Date of Burial, April 2 D 1876

Geo Glover M. D.
Medical Attendant.

{ *Undertaker,* Frilich George
{ *Place of Business,* Canton Avenue No 339 *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9036

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, ~~March~~ April 30th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mrs Mary May.

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 53. *Years,* 11 *Months,* 16 *Days.*

Color, White. *Sex,* Female

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ermany -

Duration of Residence in the City of Baltimore, Twenty three years -

Place of Death, {Give street and number.} 304 Alice Anne st.

Cause of Death, First (Primary,) ascites

Second (Immediate,) Paracentesis Abdominis -

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Trinity Cemetery

Date of Burial, April 2nd 1876

Undertaker, Henry Scottish

Place of Business, 241 Eastern Av

W C Van Bibber M. D.
Medical Attendant.

Address 47. Franklin St -

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9037

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 2nd

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mrs Ann E Langley

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, In 72 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Lewisburg Pa

Duration of Residence in the City of Baltimore, 24 years

Place of Death, {Give street and number.} No 123 Preston Street

Cause of Death, {First (Primary,) Pulmonary Consumption

Second (Immediate,) One year.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet Cemetery R J Hall *M. D.*

Date of Burial, April 3rd 1876 Medical Attendant.

{*Undertaker,* Andrew Leitz

{*Place of Business,* Druid Hill Ave *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9038

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 1st 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Annanias Tilchett

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, *Years,* *Months,* 3 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 76 Hanover st

Cause of Death, {First (Primary.) Inanition

{Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, April 2nd 1876

Undertaker, Chas. F. Herold

Place of Business, Hanover St *Address* 90 Hanover St

P. Harvey Hill M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

A F E T Y F I

No. 9039

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9039

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 1 — 1915

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie Holmes

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.} ~~Male~~ Female

Age, ____ *Years,* 1 *Months,* ____ *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ____

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 102 Paul St

Cause of Death, First (Primary,) Erysipelas

Second (Immediate,) ____

Duration of Last Sickness, 1 month

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet J. D. Miller M. D.

Date of Burial, April 2 Medical Attendant.

Undertaker, H. Hilgard

Place of Business, 167 Fairmount Address 121 N. Howard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

KODAK

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9040

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 31st 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Walter Goodman

Sex, Male & ~~Female~~, {Cross out the word not required in this line.} Male

Age, ~~2 years~~ ~~Years,~~ ~~7 Days~~ *Months,* 2 *Days.* 7

Color, White

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} "Maryland Lying-in Asylum"

Duration of Residence in the City of Baltimore. Born 7 days

Place of Death, {Give street and number.} Patterson Infants Asylum

Cause of Death, {First (Primary,) "Open Foramen Ovale" 7

Second (Immediate,) Mal. Nutrition

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician

Place of Burial, Greenmount

Date of Burial, April 2

C. F. Brown *M. D.*
Medical Attendant.

Undertaker, R. K. Bryan

Place of Business, 187 Aisquith *Address* 241 Linden ave, & Lanvale St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

No. [illegible]

Board of Health, City of Baltimore,

Permit No. 9041

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 2nd 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Susana Barbara Shangler

Sex, ~~Male~~ Female, {Cross out the word not required in this line.}

Age, 5 Years, 5 Months, 9 Days.

Color, White

~~Married, Single, Widowed, Widower~~ Widow, {Cross out the words not required in this line.}

~~Occupation~~,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Pallmon City

Duration of Residence in the City of Baltimore. Life

Place of Death, {Give street and number.} No 241 South Ann St

Cause of Death, {First (Primary,) Diphtheria

{Second (Immediate,) Paralysis

Duration of Last Sickness, 7 weeks

All the above information should be furnished by the Physician

Place of Burial, St Marks Cemetery

Date of Burial, April 3rd 1876

Undertaker, John Lynch

Place of Business, No 265 Thames St

Thomas J Evans M. D.
Medical Attendant

Address No 18 Jackson Square

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9042

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT APR 3 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Apl. 1. 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jeremiah Brady

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 57 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow~~ or ~~Widower~~, {Cross out the words not required in this line.} Married

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, about 6 year.

Place of Death, {Give street and number.} 12 S. Bolton

Cause of Death, First (Primary,) Apparent Phthisis -

Second (Immediate,) " Congestion chill -

Duration of Last Sickness, lately - About 2 weeks -

All the above information should be furnished by the Physician.

Place of Burial, Saint Peters

Date of Burial, April 3

Undertaker, J B. Blackiston

Place of Business, 606 Baltimore strat

N R Walton M. D.

Medical Attendant.

Address 581 Lexington

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

This man Came from Philadelphia yesterday afternoon and was moribund when I saw him [OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9043

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. APR 3 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 2nd 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Wilson,

Sex, Male or Female, {Cross out the word not required in this line.} Male.

Age, 37 *Years,* *Months,* *Days.*

Color, Black *Sex,* Male.

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Unknown

Occupation, Do.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Do.

Duration of Residence in the City of Baltimore, Do.

Place of Death, {Give street and number.} Balto City Jail,

Cause of Death, First (Primary,) Abcess of Leg.

Second (Immediate,) Pyamia,

Duration of Last Sickness, 10 days.

All the above information should be furnished by the Physician.

Place of Burial, E. Potters Field

Date of Burial, April 3rd 1876

Undertaker, Chas. Stumpner

Place of Business, Pratt & Chester Sts Address 75 E. Balto St.

I. H. Houck M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9044.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 2nd 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Maggie Witman

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 14 *Years,* *Months,* *Days.*

Color, White *Sex,*

~~*Married*~~, *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, ——

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 104 Chase St.

Cause of Death, First (Primary,) Consumption

Second (Immediate,)

Duration of Last Sickness, ——

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cy

Date of Burial, April 3rd 1876

Wm G. Harrison Jr. M. D.
Medical Attendant.

{*Undertaker,* Henry Hocock *Address* Balto. Special Dispensary
{*Place of Business,* Central Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9045

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 2 ond 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Christian Muller

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, about 58 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Not Known

Occupation, Supposed to be a Varnisher

Birthplace, {State or country (and how long in the United States, if of foreign birth)} Germany

Duration of Residence in the City of Baltimore, Not Known

Place of Death, {Give street and number.} In a Wagon on his way to Bay View Asy

Cause of Death, {First (Primary,) / Second (Immediate,)} about within Cty Limits Long Neglect & Exposure of himself

Duration of Last Sickness,

All the above information should be furnished by the Physician

Place of Burial, E Baltis Field

Date of Burial, April 3 1876

Undertaker, Chas. Sheeper

Place of Business, Pratt & Chester Sts

R. C. Lee M. D.

~~Medical & Chirurgical~~ Faculty

Address N. W. cor Caroline & Bank Sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children

[OVER.]

The special attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9046

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 2nd 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Philip Edel

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 66 *Years,* 5 *Months,* 15 *Days.*

Color, White *Sex,*

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Tailor

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Orb - Bavaria

Duration of Residence in the City of Baltimore, 33 Years

Place of Death, {Give street and number.} 364 E. Eager st.

Cause of Death, First (Primary,) Pneumonia

Second (Immediate,)

Duration of Last Sickness, Six days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, April 4 1876

Charles Bagley M. D.
Medical Attendant.

Undertaker, Henry Hagerty

Place of Business, 30 Centre st. *Address* 573 N. Gay st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 9047

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 2d April 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Emma Lucas

Sex, Male or Female, {Cross out the word not required in this line,} Female

Age, Years, Months, 6 weeks ~~Days.~~

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Foundling

Duration of Residence in the City of Baltimore, 3 weeks

Place of Death, {Give street and number.} St Vincents Infant Asylum

Cause of Death, First (Primary,) Atrophy

Second (Immediate,) Hydrocephaloid Convulsions

Duration of Last Sickness, 24 hours

All the above information should be furnished by the Physician.

Place of Burial, Cathedral cemetery

Date of Burial, April 3 1876

Undertaker, Samuel Bowers

Place of Business, 158 Division St

Marbury Brown M. D.
Medical Attendant.

Address 201 Biddle St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. ~~X~~ 9048

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 3 1876

CERTIFICATE OF DEATH.

Date of Death, 2 Th April 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Georg Ziegler.

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 53 *Years,* *Months,* *Days.*

Color, white. *Sex,* male.

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Laborer.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germania, Bavaria.

Duration of Residence in the City of Baltimore, 23 years

Place of Death, {Give street and number.} No. 16 Davis Str.

Cause of Death, First (Primary,) Phthisis.

Second (Immediate,) Febris biliosa.

Duration of Last Sickness, 9 days

All the above information should be furnished by the Physician.

Place of Burial, St. Alfonsus Cemetery

Date of Burial, April 4 th

Robert Smithson. M. D.
Medical Attendant.

Undertaker, Michael Funk.

Place of Business, No. 35 Bank Str. *Address* 42 N. Broadway.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9049

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 1st 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Margaret Doll

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 52 *Years,* ~~ *Months,* ~~ *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth} Kent Co Md

Duration of Residence in the City of Baltimore, 35 Years

Place of Death, {Give street and number.} McDonalds Court

Cause of Death, {First (Primary,) / Second (immediate,)} 1 Consumption

Duration of Last Sickness, 25 Years

All the above information should be furnished by the Physician.

Place of Burial, M. E. Cemetery P.R

Date of Buriol, April 3 1876

Undertaker, Wm Fry

Place of Business, N Broadway Address Commrs of Health & Registrar

~~Medical Attendant~~ M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Jacob Doll – her Husband

[OVER.]

The Special [illegible] Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9050

The Physician who attended any person in n last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 1st 1876.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } John F. Shible

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, Thirty Six *Years,* *Months.* Seven *Days.*

Color, White *Sex,* Male

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the words not required in this line. }

Occupation, Black Smith

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Thirty Six Years

Place of Death, { Give street and number. } # 9 South Carey

Cause of Death, { First (Primary,) Malaxia - with exposure in Wet Several Years ago

Second (Immediate,) Consumption Hemorhage

Duration of Last Sickness, About one year since he was first

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Cemetery J. G. Smithcum M. D.

Date of Burial, April 4th 1876. Medical Attendant.

Undertaker, J. Cook

Place of Business, 907 Baltimore Address # 584 W. Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9051

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 2d of April 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Kaidar Volk

~~*Sex,* Male or Female,~~ {Cross out the word not required in this line.}

Age, 45 *Years,* ——— *Months,* ——— *Days.*

Color, whit

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Bavaria

Duration of Residence in the City of Baltimore, 21 years

Place of Death, {Give street and number.} S. W. Cor ~~of~~ Hanover & Alice Sts 35

Cause of Death, {First (Primary.) Aneurisma, Amputatio femoris. Second (Immediate,) Marasmus

Duration of Last Sickness, 4 months

All the above information should be furnished by the Physician

Place of Burial, Fleetwood Cemetery

Date of Burial, April 4. 1876

Undertaker, Geo. Lippman

Place of Business, 241 E. Baltimore

Address 241 E. Baltimore

J. Fletcher M. D.
Medical Attendant

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 9052

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 2nd 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Rachael C. Campbor

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} —

Age, 16 *Years,* *Months,* *Days.*

Color, Black *Sex,* Female

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Domestic

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore. Life

Place of Death, {Give street and number.} 87. Oxford St

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate,)

Duration of Last Sickness, Three months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 4 1876

A. T. Bell *M. D.*
Medical Attendant.

Undertaker, J. W. Chase

Place of Business, 20 N. Gay St. *Address* 336 Madison Avenue

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9053

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 5 1876

CERTIFICATE OF DEATH.

Date of Death, April 1st 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Wm Leary Calaman

~~Sex~~, *Male or* ~~Female~~, {Cross out the word not required in this line.}

Age, 15 *Years,* ~~11~~ 2 *Months,* *Days.*

Color, Mulatto. *Sex,*

~~Married~~, *Single,* ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 14 years

Place of Death, {Give street and number.} King 45.

Cause of Death, First (Primary,) Phthisis

Second (Immediate,)

Duration of Last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 3rd

Undertaker, J. H. Chase

Place of Business, No 118 Broadway *Address* 257 Madison Ave.

E. B. Gibbons *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 91574

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 23, 1895

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William L. Lore

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Seven *Years,* One *Months,* three *Days.*

Color, Colored *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 32, Short St

Cause of Death, First (Primary,) Scarlatina

Second (Immediate,) Acute Albuminuria

Duration of Last Sickness, Three weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel, Complete

Date of Burial, April 25th 1895

Undertaker, Thomas A. Lemmon

Place of Business, 117 E. Pratt St.

Whitfield Tyner, *M. D.*
Medical Attendant.

Address No 136 E. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9055,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. APR 3 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 3 April

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elisabeth Volz

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, 39 *Years,* 2 *Months,* 21 *Days.*

Color, white *Sex,* female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} married

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Spangenberg, Germany

Duration of Residence in the City of Baltimore, 11 years

Place of Death, {Give street and number.} Marion Street 35

Cause of Death, First (Primary,) Hepatitis

Second (Immediate,) Coma

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, 4th April

Undertaker, Geo Kunkel

Place of Business, Park St.

L. F. Reinhard M. D.
Medical Attendant.

Address 224 W Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 9056

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 2nd 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Keiser

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, six *Years,* Ten *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 615 Republican St.

Cause of Death, {First (Primary,) / Second (Immediate,)} Scarlet Fever

Duration of Last Sickness, 24 hours

All the above information should be furnished by the Physician

Place of Burial, London Park Cemetery

Date of Burial, April 4th 1876

{*Undertaker,* Adam Weidemeyer / *Place of Business* 518 W. Baltimore St.}

D. E. Kerr M. D.
Medical Attendant.

Address 221 Hollins St.

APR 5 1876 BALTIMORE

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9057

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 2nd 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} David Vincent Williamson

~~*Sex,*~~ *Male or* ~~*Female,*~~ {Cross out the word not required in this line.} Male

Age, ~~*Years,*~~ 8 *Months,* 27 *Days.*

Color, White *Sex,*

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, From Birth

Place of Death, {Give street and number.} 109 South Exeter Street.

Cause of Death, First (Primary,) Asthma

Second (Immediate,)

Duration of Last Sickness, From Birth

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery *A. Engelhardt M. D.*

Date of Burial, April 4 A. D. Medical Attendant.

Undertaker, H. Sippel

Place of Business, S. Bond St. 151 *Address* 1114 Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9058.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 6 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, ~~3rd~~ 3d. April 1876. 3 o'clock morning

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Helena Klein

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 66 Years, *Months,* *Days.*

Color, white

~~Married, Single~~, *Widow or* ~~Widower~~, {Cross out the words not required in this line}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Klöppack, Baden, Germany

Duration of Residence in the City of Baltimore, 24 years.

Place of Death, {Give street and number.} Third Street near Dillon St. Canton

Cause of Death, {First (Primary,) / Second (Immediate,)} Marasmus senilis / Pleuritis carnata

Duration of Last Sickness, 12 Days'.

All the above information should be furnished by the Physician

Place of Burial, Mount Carmel Cemetery

Date of Burial, 4 April 1876

Undertaker, Peter Lisch

Place of Business, 265 Aisquith street *Address*

William Henkel M. D.
Medical Attendant.

S. Wolpert. 112.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 9059

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 4 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 3rd 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Simon Charles Mentzel.

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Fifty *Years,* five *Months,* Sixteen *Days.*

Color, White.

Married, Single, Widow or Widower, {Cross out the words not required in this line.} married.

Occupation, Baker

Birthplace, {State or country (and how long in the United States, if of foreign birth.} ~~Germany~~ Prussia

Duration of Residence in the City of Baltimore, Twenty three years

Place of Death, {Give street and number.} 140 S. Wolf

Cause of Death, First (Primary.) Pneumonia

Second (Immediate,) Typhoid Pneumonia

Duration of Last Sickness, about 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cem'y

Date of Burial, April 5th 1876

Undertaker, Henry Frechlich

Place of Business, 246 Eastern Av

C. D. Johnson M. D.
Medical Attendant.

Address 84 S. Eighth St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9060

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 4 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 3rd 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George Lee Downing

Sex, Male or Female, {Cross out the word not required in this line.} .....

Age, 2 *Years,* 4 *Months,* 11 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} No 3 St. Peter St. B.C.

Cause of Death, First (Primary,) .....

Second (Immediate,) Pneumonia

Duration of Last Sickness, 16 Days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, April 5/76

Undertaker, Jos Lane

Place of Business, W. Balto St — *Address* [illegible]

[illegible] M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9061

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 4 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 4

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wm Kemp

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 36 *Years,* — *Months,* — *Days.*

Color, White *Sex,* Male

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 5th Heath St

Cause of Death, First (Primary,) ~~Epilepsy~~ Epilepsy

Second (Immediate,) ~~Phthisis~~ Phthisis?

Duration of Last Sickness, Since in was two years old

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery Theodore Cook M. D.

Date of Burial, April 5th 1876 Medical Attendant.

Undertaker, Charles F. Herold *Address* 146 Hanover St

Place of Business, 161 Hanover St,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9062

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 4 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 30th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Julia Goldenfinick

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 11 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt. Md.

Duration of Residence in the City of Baltimore, Since birth.

Place of Death, {Give street and number.} 105 N. Wolf St.

Cause of Death, {First (Primary.)} Scarlet Fever.

{Second (Immediate,)} Sudden disappearance of Emp...

Duration of Last Sickness, Two days

All the above information should be furnished by the Physician.

Place of Burial, Balt Cemmetry

Date of Burial, April 5 at 3 Clok

Undertaker, L Beyer

Place of Business, No 782 Broadway

G. Glanville, Jack M. D.
Medical Attendant.

Address Balt. & Wash. Sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the ...cian who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight ...after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the ... be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and ...th, except in cases of births and deaths of illegitimate children.

[OVER.]

The special attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9063.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

APR 4 1876 BALTIMORE

Date of Death, March 8th 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Margaret Seiffert.

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 49. *Years,* — *Months,* — *Days.*

Color, — *Sex,* Fem

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany.

Duration of Residence in the City of Baltimore, 25 years.

Place of Death, {Give street and number.} 184 Hamburg St.

Cause of Death, First (Primary,) Inflammation of Liver. Second (Immediate,) Peritonitis. {This Patient had Symptoms of Absc[illegible] of Liver for 2 mo, Six days ago, Peritonitis came on, ending in death yesterday.

Duration of Last Sickness, two months

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetry

Date of Burial, April 5th

Undertaker, Geo Brill

Place of Business, Henrietta St 81

R. J. N. Tall M. D.
Medical Attendant.

Address 158 Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9064

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

APR 4 1876

Date of Death, April 2nd 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Arnold Grinnell

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 54 *Years,* *Months,* *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth} St Marys Co

Duration of Residence in the City of Baltimore. do not know

Place of Death, {Give street and number.} 55 55 Cohens alley

Cause of Death, {First (Primary,) / Second (Immediate,)} Apoplexy Hemiplegia

Duration of Last Sickness,

All the above information should be furnished by the Physician

Place of Burial, N. Cathedral Cem

Date of Burial, April 4th 1876

{~~Undertaker~~, Sandy Grinnell (Friend) / ~~Place of Business~~,} *Address* 229 Caroline St

Geo H Ogle Coroner *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9065

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 1st 1876

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Samuel James Patterson

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, Two *Years,* *Months,* *Days.*

Color, Mulatto *Sex,*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 27 Stockholm St

Cause of Death, { First (Primary,) Trismus Nascentium
Second (Immediate,) }

Duration of Last Sickness, One day

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 4

Undertaker, Woodcock Ross

Place of Business, 180 West St

Julius Hall M. D.
Medical Attendant.

Address Southern Dispensary
45 Conway St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

PHYSICIANS IS RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 9066.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 3d April 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Ann Kincaly

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 2 *Years,* 4 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Charleston South Carolina

Duration of Residence in the City of Baltimore, 3 months

Place of Death, {Give street and number.} St. Vincents Infant Asylum

Cause of Death, {First (Primary.) Acute Hydrocephalus
Second (Immediate,) Coma

Duration of Last Sickness, 12 days

All the above information should be furnished by the Physician.

Place of Burial, [illegible]

Date of Burial, April 4th 1876.

Undertaker, [illegible]

Place of Business, [illegible]

Mahony Brewer M. D.
Medical Attendant.

Address 201 W. Biddle St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

Permit No. 9067

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 2nd 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William L. D. McCubbin

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 8 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word is not required in this line.}

Occupation,

Birthplace, {State or country; and how long in the United States, if of foreign birth} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 158 N. Calvert Street

Cause of Death, {First (Primary,)} cold

{Second (Immediate,)} Pneumonia

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician

Place of Burial, Western Cemetery

Date of Burial, April 4th 1876

Undertaker, H. C. Weidfeld

Place of Business, 118½ N. Calvert St *Address* Commiss of Health

M. D.

Register

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Amelia Johnson Mother

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9068

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 2nd 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary E Schreiber

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 4 *Years,* 2 *Months,* 7 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number.} 315 W Pratt St

Cause of Death, {First (Primary,) Scarlet Fever

Second (Immediate,)

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, St. Thomas Cemt

Date of Burial, April 5. 1876

Undertaker, Henry Flock

Place of Business, 309 Central Ave

J Heuney M. D.
Medical Attendant.

Address 76 Lee St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9069

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT APR 4 1876

Date of Death, April 3rd

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Virginia Neidhammer

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.} Female

Age, 29 *Years,* *Months,* 12 *Days.*

Color, white *Sex,* Female

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.} married

Occupation, housekeeper

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, For life

Place of Death, {Give street and number.} N. 1 Little Paca Street

Cause of Death, First (Primary,) Interstitial Nephritis.

Second (Immediate,) Uraemia

Duration of Last Sickness, three weeks

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery.

Date of Burial, April 4th 1876

Undertaker, F. H. Troll.

Place of Business, 90 S. Howard St

Henry Salzer M. D.
Medical Attendant.

Address 165 W. Lombard St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9879

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 3rd

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George B. Wagner

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 3 y. *Years,* 1 *Months,* 27 *Days.*

Color, white *Sex,* male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Clerk

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Pittsburg Pa

Duration of Residence in the City of Baltimore, about 12 years

Place of Death, {Give street and number.} No 10 Holland st

Cause of Death, First (Primary,) Heart Disease; Semilunar valves involved; Dilatation of Ventricle,

Second (Immediate,)

Duration of Last Sickness, about 2 months

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, April 5th

Undertaker, Wm H Hickman

Place of Business, N. Gay St

Chas. J. Kenton *M. D.*
Medical Attendant.

Address 222 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9071

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

APR 4 1876

Date of Death, April 3rd 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Isabella Stepney

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 6 *Years,* *Months,* *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth)} Anne Arundel Co. Md.

Duration of Residence in the City of Baltimore, Six months

Place of Death, {Give street and number} 9 N. Castle St

Cause of Death, {First (Primary.) Second (Immediate,)} Scarlet Fever Exhaustion

Duration of Last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, Anne Arundel Co

Date of Burial, April 5th 1876

Undertaker, John W. Locke

Place of Business, 55 S. Wolf St

C. Glanville Rusk M. D.
Medical Attendant.

Address Bell & Marsh Pls.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

(Transcript)

[OVER.]

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9072

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT APR 4 1875 BALTIMORE

Date of Death, 3d April 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named give names of parents.} Joseph Barton

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, *Years,* 2 3 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the ~~City of Baltimore.~~ Institution Week

Place of Death, {Give street and number.} St Vincents Infant Asylum

Cause of Death, First (Primary,) Tuberculous Meningitis

Second (Immediate,) ~~6 days~~ Convulsions

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, 5th April 1875

Undertaker, Geo Saffran

Place of Business, 121 Penn Ave

Marbury Brown M. D.
Medical Attendant.

Address 201 W Biddle St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

T Y ▲ F I L M

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 9073

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT APR 4 1876 BALTIMORE

Date of Death, April 4th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Isaac Henry Pettit

Sex, Male ~~or Female~~ {Cross out the word not required in this line.}

Age, 26 *Years,* 4 *Months,* 7 *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Fireman on R. R.

Birthplace, {State or country (and how long in the United States, if of foreign birth)} Baltimore

Duration of Residence in the City of Baltimore, during life

Place of Death, {Give street and number} # 199 Gilmouth St

Cause of Death, {First (Primary.)} Phthisis Pulmonalis

{Second (Immediate,)}

Duration of Last Sickness, About one year

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetry

Date of Burial, Thursday 2.0.Clock

{*Undertaker,* J J Chalmer

{*Place of Business,* none

A Hartman *M. D.*
Medical Attendant.

Address # 365 N Caroline st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

D A K S A F E

Board of Health, City of Baltimore,

Permit No. 9074

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 1876

CERTIFICATE OF DEATH.

Date of Death, April 14th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Charles, E. Stein

Sex, Male or Female, {Cross out the word not required in this line.} ...

Age, 5 4 *Years,* 1 *Months,* 12 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Grocer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 25 years

Place of Death, {Give street and number.} 74 Portland St

Cause of Death, First (Primary,) Pneumonia

Second (Immediate,) Cardiac Complication

Duration of Last Sickness, 4 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, April 16th

J. C. Buck **M. D.**

Medical Attendant.

Undertaker, Andrew, Ascll

Place of Business, 201 Columbia St *Address* 141 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

THE SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9075

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 5 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 4th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Kunigunda Bokstein

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 84 *Years,* — *Months,* — *Days.*

Color, white

~~*Married, Single*~~, *Widow* ~~*or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth} Germany — 22 yrs

Duration of Residence in the City of Baltimore, 22 years

Place of Death, {Give street and number.} 2524 N. Gay Street

Cause of Death, {First (Primary,) old age

{Second (Immediate,) senile decay

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Bury James H Kenny M. D.

Date of Burial, April 6th 1876

Undertaker, Henry Hoeck Address Commrs of Health & Registrar

Place of Business, 309 N. Central ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Information by Henry Hoeck Undertaker

Board of Health, City of Baltimore,

Permit No. 9076

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 5 1876

CERTIFICATE OF DEATH.

Date of Death, April 4th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Eliza Goodwin Scott

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, Eighty-four *Years,* two months *Months,* Twenty-five *Days.*

Color, White *Sex,* Female

~~*Married,*~~ *Single,* ~~Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Chestertown - Kent Co. Md

Duration of Residence in the City of Baltimore, More than 70 years

Place of Death, {Give street and number.} 141½ Lanvale St. Baltimore

Cause of Death, First (Primary,) Old Age

Second (Immediate,) Atheroma of Blood Vessels

Duration of Last Sickness, Six weeks

All the above information should be furnished by the Physician.

Place of Burial, Green Mt. Cemetery

Date of Burial, 6th April 1876

S. C. Chew *M. D.*
Medical Attendant.

Undertaker, H.W. Jenkins & Son

Place of Business, 16 Light St *Address* 141½ Lanvale St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

APR 5 1876

Permit No. 9077.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Apr. 4th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Baby Miller

Sex, ~~Male~~ *Female,* {Cross out the word not required in this line.}

Age, 7 *Years,* 2 *Months,* ~~15~~ *Days.*

Color, white *Sex,* female

~~Married~~ *Single,* ~~Widowed~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. Co., Md.

Duration of Residence in the City of Baltimore, 6 months

Place of Death, {Give street and number.} 189 Bolton St

Cause of Death, {First (Primary,) Mitral lesions

{Second (Immediate,) General Dropsy

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, Monkton Balto Co Md

Date of Burial, ✓

Undertaker, A.N. Jenkins & Son

Place of Business, 16 Light St

M. B. Billingslea M. D.
Medical Attendant.

Address Cor. Harford Av & Biddle

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

(Transcript 1402)

SPECIAL ATTENTION OF PHYSICIANS IS RESPECTFULLY INVITED TO THE REMARKS BELOW, AND TO LIST OF DISEASES ON BACK OF THIS CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9078

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 5 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 4th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Julia Flynn

Sex, ~~*Male or Female,*~~ {Cross out the word not required in this line.}

Age, 3 *Years,* 6 *Months,* *Days.*

Color, White

~~*Married, Single, Widow or Widower.*~~ {Cross out the word is not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Mass.

Duration of Residence in the City of Baltimore, 2 years

Place of Death, {Give street and number.} 245 Columbia Ave

Cause of Death, {First (Primary,) Scarlatina; Second (Immediate,) Congestion

Duration of Last Sickness, 2 days's

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Burial Place

Date of Burial, 5th April 1876

Undertaker, Jas. H. Burns

Place of Business, Liberty St

Geo. N. Benson M. D.
Medical Attendant.

Address 114 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

9079

Permit No. 9079

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 5 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 5th.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary A. Knies

Sex, Male or Female, {Cross out the word not required in this line.} ....

Age, 5 *Years,* 7 *Months,* — *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 13 Abeys alley

Cause of Death, First (Primary,) Rheumatism

Second (Immediate.) Heart disease with dropsy

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, April 6th 1878

{*Undertaker,* Charles F. Herold

{*Place of Business,* 161 Hanover St

J. Thorton Scott M. D.
Medical Attendant.

Address 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9080

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 5 1876

CERTIFICATE OF DEATH.

Date of Death, April 4th 76

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Geo W Scott

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 33 *Years,* 1 *Months,* *Days.*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, Mechanic

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 3 years

Place of Death, {Give street and number.} 164 South Fremont St

Cause of Death, {First (Primary,) Chronic Inflammation of Liver. Second (immediate,) 7 Weeks

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem^y J H Emmey *M. D.*
Medical Attendant.

Date of Burial, April 6

Undertaker, F B Cook

Place of Business, 707 West Baltimore St Address 76 Slaca St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9081

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 5 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 4th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mark Keady

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 54 *Years,* *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State of country (and how long in the United States, if of foreign birth)} Ireland

Duration of Residence in the City of Baltimore. 28 years

Place of Death, {Give street and number.} 181 Vine St —

Cause of Death, {First (Primary,) Chronic inflammation of the Liver

{Second (Immediate,)

Duration of Last Sickness, About 9 months

All the above information should be furnished by the Physician.

Place of Burial, St Peters

Date of Burial, April 6

Undertaker, J B Cook

Place of Business, 707 West Baltimore

Edwd F. Michaelis M. D.
Medical Attendant.

Address 279. W. Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 9082

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 5 1916 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Apr. 3/16,

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Frances Ann Wilkes

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 71 *Years,* *Months,* *Days.*

Color, Colored *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 58 Little Monument St.

Cause of Death, First (Primary,) Asthenia

Second (Immediate,)

Duration of Last Sickness, Indefinite

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 5, 16

Undertaker, J. W. Thomas

Place of Business 1911 E. Monument St

W. H. Thompson M. D.
Medical Attendant.

Address 41 Orchard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

APR 5

Permit No. 9083

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 3rd 1876

Full Name of Deceased, {Writes legibly and spell correctly. If an infant not named, give names of parents.} Esta Ellen McElderry

~~*Sex, Male or* Female,~~ {Cross out the word not required in this line.}

Age, 64 *Years,* *Months,* *Days.*

Color, White *Sex,*

~~*Married,* Single, *Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Talbot co. Md.

Duration of Residence in the City of Baltimore, 50 yrs.

Place of Death, {Give street and number.} 152 Lough St.

Cause of Death, First (Primary,) Pneumonia

Second (Immediate,)

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, W.E.B.L.d P.R.d

Date of Burial, April 5th 1876

Undertaker, W.A. Daiger

Place of Business, 404 N. Broadway

R. W. Mansfield M. D.
Medical Attendant.

Address 117 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9884

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, ~~Lewis H. Ballard~~ April. 3. 96

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lewis Edward

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ____ *Years,* 9 *Months,* ____ *Days.*

Color, Mulatto *Sex,* Male

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 42 Shuter. St.

Duration of Residence in the City of Baltimore, 9 Mos.

Place of Death, {Give street and number.} 238. Durham St.

Cause of Death, First (Primary,) Cerebral Bronchitis

Second (Immediate.) Asphyxia

Duration of Last Sickness, 2 hrs.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 5th 96

Undertaker, [illegible]

Place of Business, [illegible]

W. F. O'Reilly M. D.
Medical Attendant.

Address 235 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9185

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 5 1876

CERTIFICATE OF DEATH.

Date of Death, April 4th 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Appolonia Muller

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 85 *Years,* 9 *Months,* 7 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation, Housekeeper

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Kummerbach Bavaria

Duration of Residence in the City of Baltimore, 36 years

Place of Death, {Give street and number.} 43 Leight St.

Cause of Death, First (Primary,) old age

Second (Immediate,)

Duration of Last Sickness, 20 days

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, April 6 1876

Undertaker, C. F. Krause

Place of Business, 209 Hanover

L. A. Smith M. D.
Medical Attendant.

Address 108 S. Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 9086

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. APR 5 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 4th 76

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Catherine Neas

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 2 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt. City

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and number.} 35 South Castle Street

Cause of Death, First (Primary,) Pneumonia

Second (Immediate,)

Duration of Last Sickness, Four weeks

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cimetery

Date of Burial, April 6th 1876

Undertaker, H M Gibboneyer

Place of Business, 341 Canton Ave,

John F. Hammett M. D.
Medical Attendant.

Address N. Calvert & S. Wm. Sts Road

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9087

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 5 1876

CERTIFICATE OF DEATH.

Date of Death, April 4th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} James Quinn

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 69 Years, Months, Days.

Color, White *Sex,*

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, For years

Place of Death, {Give street and number.} 60 Hampstead St

Cause of Death, {First (Primary,) Cardiac Disease
Second (Immediate.) Paralysis

Duration of Last Sickness, For years

All the above information should be furnished by the Physician.

Place of Burial, St Patrick Cemetery Chas O'Donnell M. D.
Medical Attendant.

Date of Burial, April 5 1876

Undertaker, James D Byrne

Place of Business, No 63 N Front St *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 9088 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 5 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 4. 1876

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents } Mary Savage

Sex, Male or Female, { Cross out the word not required in this line. } ~~Male~~ or Female

Age, *Years,* 7 *Months,* *Days.*

Color, Bright *Sex,* Female

Married, Single, Widow or Widower, { Cross out the words not required in this line }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Rockville Md

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } Hanover St above 11

Cause of Death, { First (Primary,) Softening of Brain three weeks
Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetary

Date of Burial, April 6th 1876

J Shultz M. D.
Medical Attendant.

{ *Undertaker,* S. Chase
{ *Place of Business,* 198 S. Howard St Address 260 S. Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9089

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 5 1876

CERTIFICATE OF DEATH.

Date of Death, April March 5 1876

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Chas Feinsheimer

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 52 *Years,* 11 *Months,* 24 *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Married

Occupation, Jeweler

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore. 30 years

Place of Death, { Give street and number. } 181 Franklin

Cause of Death, { First (Primary,) Consumption

Second (Immediate,)

Duration of Last Sickness, Eight months

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, March 7th

Abram B Arnold M.D.
Medical Attendant.

{ *Undertaker,* Jacob Mears.
{ *Place of Business,* *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9090

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 4th 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Maria C. Weidemeyer.

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.} Female.

Age, 21 *Years,* — *Months,* 20 *Days.*

Color, White *Sex,* Female.

~~*Married*~~, *Single*, ~~*Widow or Widower*~~ {Cross out the words not required in this line.} Single

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 518 ½ W. Baltimore St.

Cause of Death, First (Primary,) Phthisis Florida.

Second (Immediate,) Cyanosis.

Duration of Last Sickness, About Seven Months.

All the above information should be furnished by the Physician.

Place of Burial, Druidhill Park Cemetry

Date of Burial, April 6th 1876

Undertaker, Chas A. Pander

Place of Business, 520 W. Baltimore St.

H. K. Fetterhoff M. D.
Medical Attendant.

Address 77 George St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 9091

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 5 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 4th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Olivier J. Gillen Jr

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 3 *Years,* 3 *Months,* 16 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth} Balto Md

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} #47 S. Eden St

Cause of Death, First (Primary,) Cerebro Spinal Meningitis

Second (Immediate,)

Duration of Last Sickness, Two Weeks

All the above information should be furnished by the Physician

Place of Burial, Baltimore County

Date of Burial, 6 April 1876

Geo. M. Newman M. D.
Medical Attendant

Undertaker, Geo. C. Robinson

Place of Business, 38 Eden St Address 1332 Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9092

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 6 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 5th April 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Eliza Jaeger

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 23 *Years,* —— *Months,* —— *Days.*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, ——

Birthplace, {State or country (and how long in the United States, if of foreign birth)} Baltimore

Duration of Residence in the City of Baltimore, 23 years

Place of Death, {Give street and number} 75 E. Fountain addition

Cause of Death, {First (Primary.)} Dysentery, a consequence of the premature birth.

{Second (Immediate,)} Gastro enteritis, exhaustion.

Duration of Last Sickness, 7 weeks

All the above information should be furnished by the Physician

Place of Burial, Baltimore Cemetery

Date of Burial, Apr 6/76

{*Undertaker,* Ch Rossiter

{*Place of Business,* 136 E Fayette

T. Coates M. D.
Medical Attendant.

Address 24 E. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9093

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 6 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 5th 76

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Agnes L. Kraller

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 8 *Years,* *Months,* *Days.*

Color, White.

Married, Single, Widow or Widower. {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 44 S. Mount St

Cause of Death, {First (Primary.) Abscess, Second (Immediate,)

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician

Place of Burial, Holy Cross Cemetery

Date of Burial, April 7 1876

Undertaker, James O Byrne

Place of Business, No 63 N Front St

John L. A. Thorpe M. D.
Medical Attendant.

Address City.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9094

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 6 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 5th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henry F. Schreber

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 2 *Years,* 6 *Months,* 5 *Days.*

Color,

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto city

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 315 W Pratt St

Cause of Death, {First (Primary,) Scarlet Fever

{Second (Immediate,)

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician

Place of Burial, [illegible]

Date of Burial, April 6 1876

Undertaker, [illegible]

Place of Business, [illegible]

[illegible] M. D.
Medical Attendant.

Address 76 S Paca St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children."

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9095

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 6 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 6th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Maria Nixon

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, ~~Single~~, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 25 years

Place of Death, {Give street and number.} No 6 Gould's Court

Cause of Death, {First (Primary,) Phthisis
Second (Immediate,)

Duration of Last Sickness, 1 year

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery C. H. Cook *M. D.*

Date of Burial, April 6th 1876 Medical Attendant.

Undertaker, Chas F Herod

Place of Business, Hanover St *Address* Cor. East Hamburg

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 9096

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 6 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 5th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Eliza A. Cole

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 28 *Years,* *Months,* *Days.*

Color, colored

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.} Single

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 46 Oxford

Cause of Death, {First (Primary,) Phthisis Pulmonalis

{Second (Immediate,)

Duration of Last Sickness, Six Months

All the above information should be furnished by the Physician

Place of Burial, Sharp St Cemetery

Date of Burial, June 6th 1876

{*Undertaker,* Wm James Gray

{*Place of Business,* 45 Mulberry St.

Chas. [illegible] M. D.
Medical Attendant.

Address 226 Mulberry St. Balt.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9097

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 6 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 5th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Samuel Child

~~*Sex,*~~ *Male or* ~~*Female,*~~ {Cross out the word not required in this line.}

Age, 21 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, Single, ~~Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} Charles & Eager Sts

Cause of Death, First (Primary,) Spinal meningitis

Second (Immediate,) Syphilis

Duration of Last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, Green Mt. Cemetery

Date of Burial, 7th April 1876

Chas A Bonorad M. D.
Medical Attendant.

Undertaker, W. T. Jenkins & Son

Place of Business, 16 Light St *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9098

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 6 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 4 th

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Catherine Inners

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Three *Years,* Six *Months,* *Days.*

Color, Black *Sex,* Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 2 Machanic's Ct

Cause of Death, { First (Primary,) Pulm? Consumption
Second (Immediate,)

Duration of Last Sickness, Three months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 6 th 1876

Undertaker, Filson & Dunn

Place of Business, 20 So Eutaw

S. T. Coyne *M. D.*
Medical Attendant.

Address 43 & West High

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 9099

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 6 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 2nd 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Moore's Mother

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* One *Days.*

Color, Col'd

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto city

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 8 Chesnut alley

Cause of Death, {First (Primary,) ——— Second (Immediate,) Asthenia

Duration of Last Sickness, Life

All the above information should be furnished by the Physician

Place of Burial, Locust County

Date of Burial, April 6 1876

M. D.

Undertaker, W. N. Dungen

Place of Business, East St *Address* Commiss of Health & Register

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by W. N. Dungen Undertaker

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9100

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 6 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Apr 6th 876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} August D Clark

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, *Years,* 3 *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 338 Park ave

Cause of Death, First (Primary,) Bronchitis

Second (Immediate,) Exhaustion & Convulsions

Duration of Last Sickness, 3 days.

All the above Information should be furnished by the Physician.

Place of Burial, Fremont

Date of Burial, April 6. 1876

F. E. Shatard Jr. M. D.
Medical Attendant.

Undertaker, Scott Bear

Place of Business, 406 Druid Hill ave

Address 114 Park ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 9101 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in n last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 6 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 6th 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mrs. Catharine Constantine,

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 46 *Years,* *Months,* *Days.*

Color, White,

Married, ~~*Single, Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, Housewife,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. Md.

Duration of Residence in the City of Baltimore. Since Birth,

Place of Death, {Give street and number.} 394 E. Balt. St.

Cause of Death, First (Primary.) Typhoid Fever

Second (Immediate,) Meningitis

Duration of Last Sickness, Nine days.

All the above information should be furnished by the Physician

Place of Burial, St. Patricks Cem

Date of Burial, April 7th 1876

Undertaker, W. A. Daiger

Place of Business, 94 S. Bond

J. Glanville Rusk M. D.
Medical Attendant

Address Bell & Wash Pls.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9102

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 3 1876

CERTIFICATE OF DEATH.

Date of Death, April 1st, 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Alfred A. Muse

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 69 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Painter

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 3 years

Place of Death, {Give street and number.} 52 Hamburg St.

Cause of Death, First (Primary,) Pneumonia

Second (Immediate.)

Duration of Last Sickness, 6 days.

All the above information should be furnished by the Physician.

Place of Burial, Virginia per Steamer

Date of Burial, April 7

J. E. Hemington M. D.
Medical Attendant.

Undertaker, Armstrong & Deering

Place of Business, No 263 Light st *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Harrison 4108

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9103,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 6 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 5th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Kate Howard Sisfax

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 9 *Months,* *Days.*

Color, African *Sex,* Female

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Stockton alley

Cause of Death, { First (Primary,) Pneumonia
Second (Immediate,)

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 7th

D Darby M. D.
Medical Attendant.

Undertaker, John C Jordan

Place of Business, 63 Fairmount ave Address 113 Hollins street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9104

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 6 1876

CERTIFICATE OF DEATH.

Date of Death, April 6th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Katie McLaughlin

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 20 *Years,* — *Months,* — *Days.*

Color, White *Sex,* Female

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 156 Pearl St.

Cause of Death, {First (Primary,) Consumption

Second (Immediate,) about 18 months

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral Cemetery H. Duncan M. D.

Date of Burial, April 6th 1876 Medical Attendant.

{*Undertaker,* Jacob Carter

Place of Business, 1486 Druid Hill Avenue *Address* 148 Aisquith St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9105

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 6 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 4th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William S Hosner

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 26 *Years,* Eight *Months,* Twenty two *Days.*

Color, *Sex,*

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Grocer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number.} 296 N Bond Street

Cause of Death, First (Primary,) Typhoid fever

Second (Immediate.) Congestion of the brain

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery. Milton S Taylor *M. D.*

Date of Burial, April 2 1876 Medical Attendant.

Undertaker, Geo Schilling,

Place of Business, Corner Liberty & Monument Sts *Address* 103 South Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9106

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

APR 6 1876

Date of Death, April 5th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Anna Taubert

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 32 *Years,* — *Months,* — *Days.*

Color, White

Married, ~~*Single, Widow, or Widower*~~ {Cross out the word is not required in this line.} Married

Occupation, House Keeper

Birthplace, {State or country (and how long in the United States, if of foreign birth} Germany

Duration of Residence in the City of Baltimore. 6 years

Place of Death, {Give street and number} 117 S. Washington St.

Cause of Death, {First (Primary,) Chronic Dyspepsia
Second (Immediate,) Debility}

Duration of Last Sickness, Short

All the above information should be furnished by the Physician.

Place of Burial, 5th Reform St. Paul's Cemetery

Date of Burial, April 7th 1876

Undertaker, Henry Snider

Place of Business, 352, Eutaw St.

R. C. Lee M. D.
~~Medical Attendant~~ Coroner S. D.

R. W. cor Hanover & Barre sts
Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9107

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 6 1876

CERTIFICATE OF DEATH.

Date of Death, April 5th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George Kronacker

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 5 Days *Years,* *Months,* *Days.*

Color, W *Sex,*

~~Married, Single, Widow~~ or Widower, {Cross out the words not required in this line.}

Occupation, Porter

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany 2 Days in U. S.

Duration of Residence in the City of Baltimore, 2 Days.

Place of Death, {Give street and number.} St Joseph's Hosp & Caroline & Hoffman

Cause of Death, First (Primary,) Tuberculosis

Second (Immediate,) Exhaustion

Duration of Last Sickness, About 3 mos

All the above information should be furnished by the Physician.

Place of Burial, H. Alphonsus Cem. Oscar J. Coffey M. D.

Date of Burial, Apl. 7th 1876 Medical Attendant.

Undertaker, Michael Frame

Place of Business, No 280 Canton Ave Address St Joseph's Hosp.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

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Board of Health, City of Baltimore,

Permit No. 9108

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 6 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 5th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Bessie Sewell

~~Sex, Male or~~ Female, {Cross out the word not required in this line.}

Age, *Years,* *Months,* Eight *Days.*

Color, Colored *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, 5 days

Place of Death, {Give street and number.} 1044 West Franklin St

Cause of Death, {First (Primary,) Trismus Nascentium
Second (Immediate.) Asphyxia

Duration of Last Sickness, Few hours

All the above information should be furnished by the Physician.

Place of Burial, Mt Auburn Cemetery

Date of Burial, April 6 1876

Undertaker, A Warfield

Place of Business,

Geo Tilton M. D.
Medical Attendant.

Address No 16 Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

S A F E T Y F

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9109

The Physician who attends any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 6th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} John Arata

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, 13. *Years,* 9 *Months,* 28 *Days.*

Color, White *Sex,* Male,

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.} Married

Occupation, Organ Grinder

Birthplace, {State or country (and how long in the United States, if of foreign birth.} St. Mons Mount. Italy, 9 years,

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 3 Hanman

Cause of Death, {First (Primary,) Acute Articular Rheumatism; Second (Immediate,) Meningeal complication

Duration of Last Sickness, Abt. 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, St Vincent Cemetery Geo. L Kimmerman M. D.

Date of Burial, April 8 1876 Medical Attendant.

Undertaker, James P Byrne

Place of Business, W63 St Vincent St *Address* 72 E Pratt St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

KODAK

Board of Health, City of Baltimore,

Permit No. 9110 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 7 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April Six. 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Bridget Malone

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 43 *Years,* — *Months,* — *Days.*

Color, White *Sex,* Female

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 7 years

Place of Death, {Give street and number.} Healys Court.

Cause of Death, First (Primary,) Paralysis

Second (Immediate,) Apoplexy

Duration of Last Sickness, Three hours

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, April 7 1876

Undertaker, James P Byrne

Place of Business, No 63 W Fremont

E. C. Jameson M. D.
Medical Attendant.

Address 124 N. High St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 9111

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 5 1876

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } John C Kramer

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, Forty-five *Years,* Seven *Months,* *Days.*

Color, White *Sex,* Male

Married, ~~Single~~, Widow or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, Restaurant Keeper

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Bunlebung Prussia

Duration of Residence in the City of Baltimore, About Twenty-two years

Place of Death, { Give street and number. } No 215 Pratt St.

Cause of Death, { First (Primary,) Typhoid Pneumonia

{ Second (Immediate,) About Six Weeks

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Greenlon Park Cemetery

Date of Burial, April 7th 1876

D. E. Rian M. D.
Medical Attendant.

{ *Undertaker,* Adam Weidemeyer

{ *Place of Business,* 518½ W. Baltimore *Address* St. 87 Mulberry St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 9112

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 7 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 5th April 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Bridget Larkin

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 50 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 25 yrs

Place of Death, {Give street and number.} 72 Hanburg

Cause of Death, {First (Primary.) Phthisis Pulmonalis

{Second (Immediate.)

Duration of Last Sickness, 11 months

All the above information should be furnished by the Physician.

Place of Burial, St Vincents Cem

Date of Burial, April 8th 1876

J. W. Webb M. D. Medical Attendant.

{*Undertaker,* Jos F. Byrne

{*Place of Business,* 89 n Liberty [illegible] *Address* 57 Barre[illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 9113

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

1976

CERTIFICATE OF DEATH.

Date of Death, April 6th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Clara E. Healy

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Twenty two *Years,* eleven *Months,* ten *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, From birth

Place of Death, {Give street and number.} N 180 N. Calvert St

Cause of Death, First (Primary,) Childbirth

Second (Immediate,) Metro Peritonitis

Duration of Last Sickness, Eighteen days

All the above information should be furnished by the Physician.

Place of Burial, Bath Cem Y

Date of Burial, April 7th 1876

F. J. Khatary *M. D.*

Medical Attendant.

Undertaker, Jos H Byrne

Place of Business, 5 Jn Liberty Pl — *Address* N 114 Park Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9114

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 7 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 6th, 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Bertha Estelle Davis.

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female,

Age, 3 *Years,* 10 *Months,* 23 *Days.*

Color, White *Sex,* Female

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} Single.

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 364 Mulberry St. Balto. Md.

Cause of Death, First (Primary,) Scarlatina

Second (Immediate,) Chronic Pneumonia.

Duration of Last Sickness, 30. days.

All the above information should be furnished by the Physician.

Place of Burial, New York

Date of Burial, ~~April 7th~~ April 8th do

H. R. Fetterhoff M. D.
Medical Attendant.

Undertaker, John. H. Weaver

Place of Business, 1122 N. Fayette St *Address* 77 George St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

(Transit 405)

Board of Health, City of Baltimore,

Permit No. 9115

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT APR 1876 BALTIMORE

Date of Death, April 7th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles Dent.

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 69 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Farmer

Birthplace, {State or country (and how long in the United States, if of foreign birth)} Montgomery Maryland

Duration of Residence in the City of Baltimore, 4 Months

Place of Death, {Give street and number.} 90 Sumner st

Cause of Death, {First (Primary,) Typhus Bulbous Fever

Second (Immediate,) 4 Weeks

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St. Mary's Cemd

Date of Burial, April 7th 1876

{~~Undertaker~~, L. C. Milburn

Place of Business, 169 W Lombard *Address*

I Harvey Gill *M. D.* Medical Attendant

90 Sumner st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

(Transit 406)

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9116.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

1876

CERTIFICATE OF DEATH.

Date of Death, April 6th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Bridget Kearney

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 26 *Years,* ~~26~~ *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, House Keeper

Birthplace, {State or country (and this long in the United States, if of foreign birth.} Ireland ~~Londonderry~~

Duration of Residence in the City of Baltimore, Unknown

Place of Death, {Give street and number.} 34 ~~No~~ Conway St

Cause of Death, First (Primary,) Confinement, Hemorrhage,

Second (Immediate.) Phlebitis

Duration of Last Sickness, 29 Days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, April 9th 1876

Thos. S. Latimer M. D.

Medical Attendant.

Undertaker, Geo F Byrne

Place of Business, 319 N Liberty St *Address* 248 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9117

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT APR 7 1876

Date of Death, Apr. 7th 76

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Hinkle

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 60 *Years,* *Months,* 3 *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 27 years

Place of Death, {Give street and number.} 72 Somerset Alley

Cause of Death, {First (Primary,) Phthisis

Second (Immediate,) 6 weeks

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet Cemetery

Date of Burial, April 8 1876

Undertaker, Henry Flack

Place of Business, 309 Central Ave

Jno. Burke Boyle M. D.
Medical Attendant.

Address 166 E. Eager St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9118

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 7 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 5th 1876

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } ~~Infant~~ John Shreds,

Sex, Male or Female, { Cross out the word not required in this line. } Male,

Age, ____ *Years,* ____ *Months,* 13 *Days.*

Color, Mulatto *Sex,* Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Bath St. No. 27 Baltimore Md.

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } Bath St. No. 27.

Cause of Death, { First (Primary,) ____ Second (Immediate,) Marasmus

Duration of Last Sickness, From birth

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 7th

{ *Undertaker,* John Lucas
{ *Place of Business,* Wolf St.

John Morris *M. D.*
Medical Attendant.

Address No. 5. Frankfort St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9119

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 1878

CERTIFICATE OF DEATH.

Date of Death, April 6th 78

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} — Elizabeth Huber

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, — 58 *Years,* — 5 *Months,* — 10 — *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} — Widow

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} — Wirtenberg Germany 26 years in United States

Duration of Residence in the City of Baltimore, — 26 years

Place of Death, {Give street and number.} 79 Lemmon St. near Mount St

Cause of Death, {First (Primary,) / Second (Immediate,)} Having been called to see the deceased after hours only prior to death, I cannot state anything positive as to cause of death. I found her cold & dead. Apoplexy (ascites)

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, — A. H. Sutton M. D.

Date of Burial, — Medical Attendant.

Undertaker, H. Rhodes & Son April 6 243 Lexington

Place of Business, 2 Kimmel 311 Paca St. — *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 9120

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 7 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 6th 1876

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } James William Arrington

Sex, Male or Female, { Cross out the word not required in this line. } ~~Female~~

Age, 28 Years, 0 Months, 0 Days.

Color, White *Sex,* Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Married

Occupation, Laborer

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Alexandria Virginia

Duration of Residence in the City of Baltimore, 2 years

Place of Death, { Give street and number. } 71. S. Caroline St

Cause of Death, { First (Primary,) Phthisis
Second (Immediate.) }

Duration of Last Sickness, Six Weeks

All the above information should be furnished by the Physician.

Place of Burial, Bd o H Mt E Ground *H. A. McManus* M. D.
Medical Attendant.

Date of Burial, April 7 76

Undertaker, Cuzzy

Place of Business, 54 n Broadway *Address* 71. Franklin St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9121

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 7 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 7th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Thomas L. Gilbert

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 57 *Years,* — *Months,* — *Days.*

Color, white

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Farmer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} —

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 274 N. Bond St

Cause of Death, {First (Primary,) / Second (Immediate,)} Heart disease

Duration of Last Sickness, 5 years

All the above information should be furnished by the Physician

Place of Burial, Mt Olivet Cemetery

Date of Burial, April 8th 1876

Undertaker, I. I. Chalmers

Place of Business, —

Dr Van Bibber the Substitute *M. D.*
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 9122

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 1876

CERTIFICATE OF DEATH.

Date of Death, April 6th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} L E Young

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, Years, 11 Months, 18 Days.

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth)} Balto city

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number.} 1 Woodward St

Cause of Death, {First (Primary.) / Second (Immediate,)} Inflammation of Brain

Duration of Last Sickness, 2 Weeks

All the above information should be furnished by the Physician

Place of Burial, Loudon Park Cemetery

Date of Burial, April 8

Undertaker, S B Cook

Place of Business, 707 West Baltimore St Address 76 Hanover St

J H Bunting M. D.
Medical Attendant

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9123

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 5th, 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary A. Lilly

Sex, Male or Female, {Cross out the word not required in this line.}

Age, *Years,* 2 1/2 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the wor is not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} Infant Asylum Cor Gilmor & Pratt

Cause of Death, {First (Primary,) Mal-nutrition; Second (Immediate,) Erysipelas

Duration of Last Sickness, Two days

All the above information should be furnished by the Physician.

Place of Burial, Louden Park

Date of Burial, April 7

Undertaker, C. H. Blizzard

Place of Business, 187 Lanvale St

Phil. S. Rutimer M. D.
Medical Attendant.

Address 248 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9124

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 5 1876

CERTIFICATE OF DEATH.

Date of Death, April 6. 1876

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Wm. Henry Nashe

Sex, Male ~~or Female~~, { Cross out the word not required in this line. } Male

Age, 22 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the words not required in this line. } Single

Occupation, Last employment at Fulton Station W. Md. R.R.

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Westmoreland Co. Va.

Duration of Residence in the City of Baltimore, four years

Place of Death, { Give street and number. } 14 Baltzer St.

Cause of Death, First (Primary,) Consumption

Second (Immediate,) "

Duration of Last Sickness, one year

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, April 8

Undertaker, C H Blizzard

Place of Business, 157 Linvale St

H. Christian *M. D.*
Medical Attendant.

Address 431 Lemmon Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9125

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 7 1876

CERTIFICATE OF DEATH.

Date of Death, April 7th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Moor A. Falls

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 71 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, All his life

Place of Death, {Give street and number.} 123 Bolton St

Cause of Death, First (Primary,) Softening of Brain

Second (Immediate,)

Duration of Last Sickness, 16 days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem. P. C. Williams M. D.

Date of Burial, April 8th 1876 Medical Attendant.

Undertaker, Jacob Weaver.

Place of Business, No 456 Saint Paul Street *Address* 201 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9126

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 7 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Geo H Paynter

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ~~Years~~, 17 *Months,* *Days.*

Color, White

~~Married~~, ~~Single~~, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt md

Duration of ~~Residence in the City~~ of Baltimore,

Place of Death, {Give street and number.} 102 Ramsay St.

Cause of Death, {First (Primary,) Gastritis

{Second (Immediate,)

Duration of Last Sickness, One week

All the above information should be furnished by the Physician

Place of Burial, Louden Park Cemetary

Date of Burial, April 8th 1876

Undertaker, Geo Babcock

Place of Business, 707 W. Baltimore St

H. L. Thelen M. D.
Medical Attendant.

Address 39 Gr. London Park

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9127

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 7th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James Fisher

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ——— *Years,* ——— *Months,* Six — *Days.*

Color, Black *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} No 5 Vincent alley Balto.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Vincent alley

Cause of Death, First (Primary,) Infantile convulsions

Second (Immediate,) " "

Duration of Last Sickness, Four days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery Silas Baldwin M. D.

Date of Burial, April 9th 1876 Medical Attendant.

{~~Undertaker~~, Wm Fisher (Father) Address

{*Place of Business,* Vincent alley

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 9128

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Unknown Supposed April 7th 76

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Not Known. Col'd Female Infant

Sex, Male or Female, {Cross out the word not required in this line,} Female

Age, — *Years,* — *Months,* about *1 Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Not Known

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} Not Known

Cause of Death, {First (Primary,) ——— Second (Immediate,) Unknown

Duration of Last Sickness, —

All the above information should be furnished by the Physician

Place of Burial, E. Potters Field

Date of Burial, April 8th 1876

Undertaker, Chas. Stiepen

Place of Business, Pratt & Chester Sts

R. G. Lee M. D.

Medical Examiner

Carroll S. D.

Address Hanover & Barre Sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9129

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 4th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Jane Johnson

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 13 *Years,* 1 *Months* *Days.*

Color, Black *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, none

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Talbot County Md

Duration of Residence in the City of Baltimore, 4 yrs

Place of Death, {Give street and number.} N. E. S. Durham st

Cause of Death, First (Primary,) Pneumoniae

Second (Immediate,) Phthisis

Duration of Last Sickness, 6 Mo Supposed

All the above information should be furnished by the Physician.

Place of Burial, St. Patricks Cem

Date of Burial, April 6th 1876

John T. Symes M. D.
Medical Attendant.

Undertaker, M. A. Daiger

Place of Business, 94 S. Bond

Address N. W. Cor Bowdoin Wall

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 9130

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, August 6th 1901

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Emma Gerstman

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 3 *Years,* 1 *Months,* *Days.*

Color, White *Sex,* Female.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City.

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 151 Alice Ave.

Cause of Death, First (Primary,) Chronic Croup.

Second (Immediate,)

Duration of Last Sickness, Eight days

All the above information should be furnished by the Physician.

Place of Burial, Mayer Cemetery

Date of Burial, 8th day of April

Undertaker, Francis Cramer

Place of Business, 219 Central Ave

C. Edward Smith, M. D.
Medical Attendant.

Address 143 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

Permit No. 9131

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 7th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Mrs Eliza. M. White

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.} Female

Age, 60 *Years,* *Months,* *Days.*

Color, Black

~~*Married, Single,*~~ *Widow* ~~*or Widower*~~, {Cross out the words not required in this line.} *Sex,* Widow

Occupation, Washing

Birthplace, {State or country (and how long in the United States, if of foreign birth.} City of Baltimore

Duration of Residence in the City of Baltimore, 50 years

Place of Death, {Give street and number.} No 60 Hallock St

Cause of Death, {First (Primary,) / Second (Immediate,)} Convulsions

Duration of Last Sickness, Ten (10) Hours

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 9 76

Undertaker, J. McShane

Place of Business, 71 Hanover

Dr. A. Blake *M. D.*
Medical Attendant.

Address No 196 South St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 9132

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 6th 1876

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Stephen Kampfer

Sex, Male ~~or Female~~, { Cross out the word not required in this line. } Male

Age, 18. *Years,* *Months,* *Days.*

Color, Colored *Sex,* Male

Married, Single, ~~Widow or Widower~~, { Cross out the words not required in this line. } Single

Occupation, Start Hawker &c.

Birthplace, { State or country (and how long in the United States, if of foreign birth. } near Cambridge Eastern Shore Md

Duration of Residence in the City of Baltimore, 5 yrs.

Place of Death, { Give street and number. } No 24 Skinners Alley.

Cause of Death, { First (Primary,) Consumption / Second (Immediate,) Asthenia

Duration of Last Sickness, Abt 6 mo

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 7 1876

Undertaker, H. H. Gibbs

Place of Business, 17 & Hanover

Geo. S. Kinnamon M. D.
Medical Attendant.

Address 73 E Pratt St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9133

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 1st 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie Armstrong

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line,}

Age, ——— *Years,* 8 *Months,* ——— *Days.*

Color, Col'd

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 321 W. Pratt Street

Cause of Death, {First (Primary,) Cold / Second (Immediate,) Bronchitis

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, W. Potters Field

Date of Burial, April 8th 1876

Undertaker, H. H. C. Perry

Place of Business, 1418 W. Pratt St

M. D.

Address Commrs of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Sarah Cherry mother by adoption [or R.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9134

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 6th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sarah E. R. Brown

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ——— *Years,* 6 *Months,* ——— *Days.*

Color, Col'd

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 6 Hennings Court

Cause of Death, {First (Primary,) Pertussis

{Second (Immediate,)

Duration of Last Sickness, 3. weeks

All the above information should be furnished by the Physician

Place of Burial, Dallas St Cemetery

Date of Burial, April 9th 1876

M. D.

Undertaker, John H. Locke

Place of Business, Wolf Street Address Commissioners of Health

Registrar.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Jeremiah Brown Father

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9135.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 5th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Katy Hillary

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 3 *Years,* 1 *Months,* 12 *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} S. Peter st nr St.

Cause of Death, First (Primary,) Croup (Pseudo membranous)

Second (Immediate,) Asphixia

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery *M. D.*

Date of Burial, Sunday April 9th "76 Medical Attendant.

Undertaker, John D. Mackie *Address* No 116 Columbia

Place of Business, Paca St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 9136

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 9th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James T Byrne

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 2 *Years,* 5 *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 80, N. Front

Cause of Death, {First (Primary,) Suppuration Catarrh
{Second (Immediate.) Laryngitis Acute

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, April 10 1876

Undertaker, James D Byrne

Place of Business, N°63 N Front St

Jno. S. Latimer M. D.
Medical Attendant.

Address 246 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore.

Permit No. 9137 OFFICE OF REGISTRAR OF VITAL STATISTICS 9137

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 8 April 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Rose

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, *Years,* *Months,* 10 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Illegitimate

Duration of Residence in the City of Baltimore. 10 days

Place of Death, {Give street and number.} St Vincents Infant Asylum

Cause of Death, {First (Primary.) atrophy

Second (Immediate,) convulsions

Duration of Last Sickness, 24 hours

All the above information should be furnished by the Physician

Place of Burial Cathedral Cemetery

Date of Burial, 10 April 1876

{*Undertaker,* Saml Bowen

{*Place of Business,* 156 Division St.

Marbury Brown M. D.
Medical Attendant.

Address 201 W. Biddle St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of Illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 9138 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 7th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles Brown

Sex, Male or Female, {Cross out the word not required in this line.}

Age, *Years,* One *Months,* 21 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 44 South Schroeder

Cause of Death, First (Primary,) Convulsions

Second (Immediate,)

Duration of Last Sickness, 3 hours

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, April 9th 1876

D. P. Hoffman *M. D.*
Medical Attendant.

Undertaker, S. B. Cook

Place of Business, 707 W. Baltimore Street *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9139

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 8th '76

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Howard Elbert

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 3 *Years,* 6 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth} Maryland

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 109 Mosher St.

Cause of Death, {First (Primary,) Meningitis Suspected. Second (Immediate,)

Duration of Last Sickness, 24 hours

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem.

Date of Burial, April 10th 1876

Undertaker, Jacob Weaver

Place of Business, No 486 Druid Hill Ave

D. G. Keller M. D.

Medical Attendant

Address 89 N. Greene St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 9140

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in n last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 6 9½ A. M.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Maggie Woods

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 11 *Years,* 7 *Months,* 21 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and number.} 136 E. Pratt St.

Cause of Death, First (Primary,) Diptheria

Second (Immediate,) " "

Duration of Last Sickness, 6 days.

All the above information should be furnished by the Physician.

Place of Burial, Balto. Cemetery

Date of Burial, April 10. 1896

Abram B Arnold M. D.
Medical Attendant.

{*Undertaker,* A. Keesing
{*Place of Business,* 136. E. Fayette *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9141

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 7. 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Cassandra C. Mills

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 54 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, ~~Single, Widow or Widower~~ {Cross out the words not required in this line.}

Occupation, House Keeper

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Dorchester Co — Md

Duration of Residence in the City of Baltimore, About 24 years

Place of Death, {Give street and number.} 82 Hill St

Cause of Death, {First (Primary,) Cancer of Uterus & Vagina (Carcinoma)
Second (Immediate,) Exhaustion

Duration of Last Sickness, About a year since deceased

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, June 9th 1876

Undertaker, Armstrong & Denny

Place of Business, 263 Light

Dr. Casey Thomas M. D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9142

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 8th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henry F. Kraemer

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, Three *Years,* Seven *Months,* Fifteen *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt' Md

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number.} 215 N Paca St

Cause of Death, {First (Primary,) Scarlatina

{Second (Immediate,)

Duration of Last Sickness, About four weeks

All the above information should be furnished by the Physician

Place of Burial, London Park Cemetery

Date of Burial, April 9th 1876

Undertaker, Adam Weidemeyer

Place of Business, 518½ W. Baltimore St.

D. G. Kraus M. D.
Medical Attendant.

Address 89 Mulberry St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 9143

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physicinn who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. APR 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 7th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charlotte Simmons

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 70 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Lady

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, All her life

Place of Death, {Give street and number.} 231 N. Howard St.

Cause of Death, First (Primary,) Pneumonia

Second (Immediate,)

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Westminster Yard

Date of Burial, April 9th

Undertaker, Geo W Spence

Place of Business, Fayette 206 *Address*

J S Mackenzie *M. D.*

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

A F E T Y F I

Board of Health, City of Baltimore,

Permit No. 9144

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 8th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Julia Parker

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 14 *Years,* *Months,* *Days.*

Color, Black

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 2 years

Place of Death, {Give street and number.} 61 Grave alley

Cause of Death, {First (Primary,) Phthisis Pulmonalis

{Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician

Place of Burial, Laurel Cemetery

Date of Burial, April 9 1876

{*Undertaker,* Wm. T. Bishop Jr

{*Place of Business,* 100 Saint Paul Ave

Geo. W. Reynolds M. D.
Medical Attendant.

Address 84 N. Calvert St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

KODAK S·A

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 9145

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 8th 76

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Nellie Hyland

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ——— *Years,* 18 *Months,* ——— *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 481 Fremont St.

Cause of Death, {First (Primary.) / Second (Immediate.)} Chronic Bronchitis

Duration of Last Sickness, 3 m & week

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, April 9

{*Undertaker,* C. H. Blizzard / *Place of Business,* 187 Linwood

J. J. Mullen . . M. D.
Medical Attendant.

Address 89 N. Greene St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9116

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 6th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Stephen Mead

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, Eighty Two *Years,* *Months,* *Days.*

Color, ed

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Seaman

Birthplace, {State or country (and how long in the United States, if of foreign birth)} Dorchester Co Md

Duration of Residence in the City of Baltimore. 40 years

Place of Death, {Give street and number.} Dougl. 1st & 10

Cause of Death, {First (Primary,) / Second (Immediate,)} Paralysis

Duration of Last Sickness, three weeks

All the above information should be furnished by the Physician

Place of Burial, Laurel Cemetery

Date of Burial, April 8th 1876

{*Undertaker,* / *Place of Business,*} Peal Lawrence 12 St East

E. G. Baldwin M. D.
Medical Attendant

Address 124 N Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9147

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 8th, 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henry A. Parker

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 8 *Years,* *Months,* *Days.*

Color, Colored *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Woodbury N.J.

Duration of Residence in the City of Baltimore, Five years

Place of Death, {Give street and number.} 11 Eden St. Court

Cause of Death, First (Primary,) Pneumonia,

Second (Immediate,) Animal poison from the mouth

Duration of Last Sickness, Three weeks

All the above information should be furnished by the Physician.

Place of Burial, Balt. county

Date of Burial, April 11 1876

Undertaker, Wm. H. Bruce

Place of Business, 114 East St

E. Geo. Wells M. D.

Medical Attendant.

Address 131 E. Monument St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Transit Permit No 1107

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9118

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 8th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Augustus Elizabeth Meyers

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.} Female

Age, 23 *Years,* — *Months,* — *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, House Servant

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Queen Anne - County Md

Duration of Residence in the City of Baltimore. Ten years or more

Place of Death, {Give street and number.} 15 Douglas St

Cause of Death, First (Primary,) Puerperal Septicemia

Second (Immediate,) —

Duration of Last Sickness, twenty one days

All the above information should be furnished by the Physician.

Place of Burial, Private Cemetery

Date of Burial, April 9th 1876

Undertaker, Wm. A. Dunn

Place of Business, 10 E. East St

H. Webster Bartlett M. D
Medical Attendant.

Address 14 N Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 9149

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 6th 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jane Bennett

Sex, Male or Female, {Cross out the word not required in this line.} F.

Age, 65 *Years,* *Months,* *Days.*

Color, C *Sex,* F.

~~*Married, Single,*~~ *Widow or* ~~*Widower,*~~ {Cross out the words not required in this line.}

Occupation, Washing

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 23 Iron al.

Cause of Death, {First (Primary,) Phthisis

{Second (Immediate,)

Duration of Last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, 10 1876

{*Undertaker,* Wm. Lange

{*Place of Business,* 116 East st.

H. T. Reynolds M. D.
Medical Attendant.

Address Eastern Dispensary

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9150

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 7th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wm Simms

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, 17 *Years,* *Months,* *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Waiter

Birthplace, {State or country (and how long in the United States, if of foreign birth} Baltimore Md

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 195 Chesnut st

Cause of Death, First (Primary.) Phthisis Pulmonalis

Second (Immediate,)

Duration of Last Sickness, Six months

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, April 9th

Undertaker, Wilson & Lange

Place of Business, No 10 N Eutaw

D M Cathell M. D.
Medical Attendant

Address 176 N Eutaw st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 7151 — OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 9th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Samuel Yates

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 45 *Years,* —— *Months,* —— *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 45 Years

Place of Death, {Give street and number.} Baltimore Infirmary

Cause of Death, First (Primary,) Alcoholism

Second (Immediate.) Cirrhosis of Liver

Duration of Last Sickness, 3 months 21 days

All the above information should be furnished by the Physician.

Place of Burial, Mon Hill Balto. Co

Date of Burial, April 9th 1876

Undertaker, John L. Fracker

Place of Business, 150 Camden

J. H. Clarkson. **M. D.**
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Transit Permit No 4108

Board of Health, City of Baltimore,

Permit No. 9152

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate; *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 8th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Enoch

Sex, Male or Female, {Cross out the word not required in this line.} .....

Age, 1 Year, 3 Months, 11 Days.

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 158 Chesapeake St

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 158 Chesapeake St

Cause of Death, {First (Primary,) Convulsions

{Second (Immediate,) One and a half hrs

Duration of Last Sickness, One and a half hrs

All the above information should be furnished by the Physician.

Place of Burial, St. Patricks Wald

Date of Burial, April 10th 1876

C. Sullivan M. D.
Medical Attendant.

{*Undertaker,* H M Gilmeyer

{*Place of Business,* 341 Canton Av. *Address* 19 East St Balto

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 9153

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 8th of April 76

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Paul Gustav ~~Apel of Wits~~ Strauss Asendorf

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} male

Age, 22 *Years,* 0 *Months,* 23 *Days.*

Color, white *Sex,* male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 82 Fremont St. P. E. Con. Saratoga

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 82 Fremont St. P. E. Con. Saratoga

Cause of Death, First (Primary,) Typhoid

Second (Immediate,)

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery D. F. Hellmann M. D.

Date of Burial, the 10th of April Medical Attendant.

Undertaker, P. Kümmel.

Place of Business, 311 Pulaski St. *Address* 120 East St. Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9157

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 10th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Barbara Krause

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, ~~Years,~~ 2 *Months,* 15 ~~Days.~~

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 13 N. Wolf Street

Cause of Death, {First (Primary.) / Second (Immediate,)} Convulsions

Duration of Last Sickness, 6 hours

All the above information should be furnished by the Physician

Place of Burial, St Alphonsus

Date of Burial, Apr 11th 1876

Undertaker, Wendel Dippel

Place of Business, S. Bond St *Address* Commis of Health

M. D.
Medical Attendant

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by George Whitman Uncle

[OVER]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9155

The Physician who attended any person in a last Illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 8th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Fredk Wm Moree

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 35 Years, 5 Months, — Days.

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widower

Occupation, Wood Turner

Birthplace, {State or country (and how long in the United States, if of foreign birth} Hanau, Germany

Duration of Residence in the City of Baltimore, 32 years

Place of Death, {Give street and number} 301 S. Paca St.,

Cause of Death, {First (Primary,) Suicide by Hanging

Second (Immediate,) while under a temporary aberration of the

Duration of Last Sickness,

All the above information should be furnished by the Physician

Place of Burial, Laudon Park

Date of Burial, April 10th

Undertaker, Ph. J. Dill

Place of Business, 183 Columbia Ave

R. C. Lee M. D.

Medical Attendant.

N. W. cor Carroll & Pratt

Address Hanover & Barre sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 9156

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 10 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 10th of April 76

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Frederick Ickert

~~Sex,~~ *Male or* ~~*Female*~~, {Cross out the word not required in this line.}

Age, 59 *Years,* 1 *Months,* 9 *Days.*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Tailor

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Schwarzburg - Rudolpstadt

Duration of Residence in the City of Baltimore, 23 years

Place of Death, {Give street and number} 247 N. Amity st

Cause of Death, {First (Primary.) Apoplexia cerebri
{Second (Immediate,)

Duration of Last Sickness, 4 weeks

All the above information should be furnished by the Physician

Place of Burial, Baltimore Cemetery

Date of Burial, Wensday April 12th 1876

{*Undertaker,* Kesler
{*Place of Business,* 247 N Bond st *Address* 245 E. Baltimore

J. Fathers M. D.
Medical Attendant

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of Illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9157

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 10 1876

CERTIFICATE OF DEATH.

Date of Death, April 9th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Eddie. Cooney

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 2 *Years,* 5 *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 29 S. Candleton Ave.

Cause of Death, First (Primary,) Scarlet Fever

Second (Immediate,) Convulsions

Duration of Last Sickness, Sixteen hours

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemty

Date of Burial, March 10th 1876

Undertaker, Jos H Byrne

Place of Business, 89 N Eden Ave

John Nesbit M. D.
Medical Attendant.

Address 558 W. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 9158

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 10 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 8th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Jane Myers

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, Fifty nine *Years,* *Months,* *Days.*

Color, White *Sex,* Female

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, Thirty Eight years

Place of Death, {Give street and number.} 235 East Madison St

Cause of Death, First (Primary,) Hemorrhage of the Uterus

Second (Immediate,) Concretion affection of the Uterus

Duration of Last Sickness, About two weeks

All the above information should be furnished by the Physician.

Place of Burial, Green Mount.

Date of Burial, April 11th 1876

Undertaker, Wm H Hickman

Place of Business, 234 N. Gay St.

Milton A Taylor M. D.
Medical Attendant.

Address 60 E Fayette

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 4159

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

APR 10 1876

Date of Death, April 9th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Matilda Moles

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 84 *Years,* —— *Months,* —— *Days.*

Color, white

~~*Married, Single*~~, *Widow* ~~*or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto Co'nd

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 412 Chase Street

Cause of Death, {First (Primary.) old age

{Second (Immediate.) Senile decay

Duration of Last Sickness, ——

All the above information should be furnished by the Physician

Place of Burial, Balto County

Date of Burial, April 10 1876

{*Undertaker,* W. H. Hickman

{*Place of Business,* 234 & 36 Gay St *Address*

O'S Mahon *M. D.*
Medical Attendant

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children

(Transit 409)

[OVER.]

Board of Health, City of Baltimore,

Permit No. 9160

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

APR 10 1876

Date of Death, April 7th 11 30 P.M. 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Howe

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 8 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. Md

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 26 S. Bethel

Cause of Death, First (Primary,) Scarlet Fever

Second (Immediate,) Albuminuria ~~Uremia~~

Duration of Last Sickness, 4 Weeks

All the above information should be furnished by the Physician.

Place of Burial, F. Mayers G. Yard.

Date of Burial, April 11 1/2.

Undertaker, L. Ritz.

Place of Business, No. 129 1/2 S. Broadway *Address* 299 E Baltimore St.

James E Donnelly *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9161

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 9th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Anne Mary Geis

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 80 *Years,* — *Months,* — *Days.*

Color, white

~~Married, Single,~~ Widow ~~or Widower~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany — 17 years

Duration of Residence in the City of Baltimore, 17 years

Place of Death, {Give street and number.} 217 S. Wolf Street

Cause of Death, First (Primary,) old age

Second (Immediate,) Senile Decay

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, April 11 1876

Undertaker, H. M. Gibmeyer

Place of Business, 341 Canton Ave

Address Commis of Health & Registrar

M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Information by. Wm Gibmeyer undertaker

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9162

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 10 1896

CERTIFICATE OF DEATH.

Date of Death, April 9th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Rachel Hamily

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 12 *Years,* *Months,* *Days.*

Color, Colored *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 12 Years

Place of Death, {Give street and number.} Near Crossen Alley

Cause of Death, { First (Primary,) Burn
Second (Immediate,)

Duration of Last Sickness, 3 Months 19 Days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 11 1896

M. D. Medical Attendant.

{ *Undertaker,* S. H. Chase
Place of Business, No 198 Howard St *Address* Pine & George Sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9163

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 10 - 26

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Frank R. Jaeckel

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, *Years,* 11 *Months,* *Days.*

Color, White *Sex,* Male

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, 11 Months

Place of Death, {Give street and number.} 375 Penna Ave

Cause of Death, First (Primary,) Gastritis,

Second (Immediate,) 1 week

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Forest Home.

Date of Burial, April 11

Undertaker, Frank Kimball

Place of Business, 10 6 Park St

Geo L Rice M. D.
Medical Attendant.

Address 62 Park Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

Permit No. 9164.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 10 1876

CERTIFICATE OF DEATH.

Date of Death, April 8th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Richard Riley Robertson.

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, Three *Years,* Eight *Months,* — *Days.*

Color, White

~~Sex~~, —

Married, Single, Widow or Widower, {Cross out the words not required in this line.} — —

Occupation, — —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Va.

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} No. 12 N. Strieker St.

Cause of Death, {First (Primary,) / Second (Immediate,)} Scarlet Fever.

Duration of Last Sickness, Three weeks.

All the above information should be furnished by the Physician.

Place of Burial, Western Dam

Date of Burial, April 10th 1876

Undertaker, Chas. T. Devine

Place of Business, 271 W. Eutaw st

E. M. Reid M. D.
Medical Attendant.

Address 245 N. Fremont St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 9163 — OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 9. 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Benjamin Hartman Lamb

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 1 9 *Years,* 1 *Months,* ——— *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, School Teacher

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore. 19 yrs. & 1 mo.

Place of Death, {Give street and number.} # 61 Chew St.

Cause of Death, {First (Primary,) Phthisis Pulmonalis

{Second (Immediate,) Asphyxia

Duration of Last Sickness, 10 or 12 weeks

All the above information should be furnished by the Physician

Place of Burial, Baltimore Cemetery

Date of Burial, April 11th 76.

Geo. H. Hartman M. D.
Medical Attendant.

Undertaker, Wm H. Hickmott

Place of Business, 234 & 1 Aisquith St. *Address* # 205 N. Caroline

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9166

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Apl 8th 76

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Lizzie Smith

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, Years, 1 Months, 7 Days.

Color, Colored *Sex,* Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } 11 Johns Alley

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 11 Johns Alley

Cause of Death, { First (Primary,) Meningitis
Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 11th 1876

Undertaker, Wm Isaac Gray

Place of Business, 65 Mulberry St. *Address* 143 N Eutaw St

Wm D Porter M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9167

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 10 1876

CERTIFICATE OF DEATH.

Date of Death, April 9th 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Semmina Freeman

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 12 *Years,* *Months,* *Days.*

Color, Brown (colored) *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Since her Life

Place of Death, {Give street and number.} No. 1 College Alley

Cause of Death, First (Primary,) died not attend her until Within a Week

Second (Immediate.) Dropsy

Duration of Last Sickness, Three Weeks

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cy

Date of Burial, March 11th 1876

W. H. McWilliams M. D.
Medical Attendant.

Undertaker, Wm Sa Gray

Place of Business, 65 Hillsboro St *Address* 71 Franklin St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9168

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 9th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ellen Lawson

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 44 *Years,* *Months,* *Days.*

Color, Col *Sex,* Female

~~*Married*~~, *Single,* ~~*Widow or Widower*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 112 Chesnut Alley

Cause of Death, First (Primary,) Tuberculosis

Second (Immediate,) "

Duration of Last Sickness, 3 years

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetry

Date of Burial, April 11th 1876

Undertaker, Wm Jas Gray

Place of Business, 65 Mulberry St

John D Pennington M. D.
Medical Attendant.

Address 98 N Green St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 9169

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 9 April 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Years, Months, 21 Days.

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth)} Foundling

Duration of Residence in the City of Baltimore, 15 days

Place of Death, {Give street and number} St Vincents Infant Asylum

Cause of Death; {First (Primary,) Atrophy

Second (Immediate,) Hydrocephaloid convulsions

24 hours

All the above information should be furnished by the

Place of Burial, Cathedral Cemetery

Date of Burial, 11 April 1876

Undertaker, Saml Bowen

Place of Business, 150 Division St.

Mahlon Brown M. D.
Medical Attendant.

Address 211 W. Biddle St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 9170

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 10 April 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Matilda

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Years, 2 Months, 21 Days.

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth)} Unknown

Duration of Residence in the City of Baltimore, 21 days

Place of Death, {Give street and number.} St Vincents Infant Asylum.

Cause of Death, First (Primary.) Chronic Hydrocephalus.
Second (Immediate,) Convulsions

Duration of Last Sickness, Dieased when admitted

Place of Burial, Cathedral Cemetery

Date of Burial, 11 April 1876

Undertaker, Saml Bowser

Place of Business, 156 Division St.

Martin Brewer M. D.
Medical Attendant.

Address 201 W. Biddle

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9171

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 10 1876

CERTIFICATE OF DEATH.

Date of Death, April 10th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named give names of parents.} Sarah J. R. Prevost

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Fifty Two *Years,* *Months,* Thirteen *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Housekeeper

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Chestertown, Md,

Duration of Residence in the City of Baltimore, Forty Years

Place of Death, {Give street and number.} No. 196 N. Bethel St.

Cause of Death, {First (Primary,) / Second (Immediate,)} Typhoid Fever

Duration of Last Sickness, Three Weeks

All the above information should be furnished by the Physician

Place of Burial, Bells Cemetery

Date of Burial, April 11th 1876

Undertaker, Wm Frey

Place of Business, 324 N Broadway

Wm H. C. Hudson, M. D.
Medical Attendant.

Address No. 98 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9172

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 10.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ella Kay Mills

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, —— *Years,* 2 *Months,* 3 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 58. Hamilton St

Cause of Death, First (Primary,) Whooping Cough

Second (Immediate,) Pneumonia

Duration of Last Sickness, 3 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet. *Date of Burial,* April 11th 1876

Theodore Dorsey M. D.
Medical Attendant.

Undertaker, Armstrong & Sons *Address* 146 Hanover

Place of Business, Light St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9173

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 10th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Theodor Minderlein

~~Sex,~~ *Male* ~~or Female,~~ {Cross out the word not required in this line.}

Age, Twenty one *Years,* ——— *Months,* ——— *Days.*

Color, White *Sex,*

~~Married~~, *Single,* ~~Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Cigar-maker

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore, Md

Duration of Residence in the City of Baltimore, ———

Place of Death, {Give street and number.} N. Front St. No 17.

Cause of Death, {First (Primary,) Pulmonary Consumption. Second (Immediate,)

Duration of Last Sickness, Since February 1875

All the above information should be furnished by the Physician.

Place of Burial, Balt. Cemetery Morris Wiener M. D.

Date of Burial, April 11. Medical Attendant.

{*Undertaker,* Leonard Vey *Address* 249, W. Fayette St.
{*Place of Business,* F Bond St. 277.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

Permit No. 9174

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 9th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ed Fred Owen

Sex, Male or Female, {Cross out the word not required in this line.} ...

Age, 1 *Years,* 11 8 *Months,* *Days.*

Color, White *Sex,* ...

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ...

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number.} No 15 Market Space

Cause of Death, First (Primary,) ...

Second (Immediate,) Diptheria

Duration of Last Sickness, Five Days

All the above information should be furnished by the Physician.

Place of Burial, Bolton Cemetery

Date of Burial, April 11th 1876

Undertaker, Thos E Hughes

Place of Business, 44 & 46 Balto *Address*

C. Mc Williams M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 9175

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 1876

CERTIFICATE OF DEATH.

Date of Death, Apr 10th 76

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Francis Padden

Sex, Male or Female, {Cross out the word not required in this line.}

Age, = *Years,* *Months,* 1 *Days.*

Color, Colored *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 66 Hillman St.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 66 Hillman St.

Cause of Death, { First (Primary,) Convulsions
Second (Immediate,) Since its birth

Duration of Last Sickness, Since its birth

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral

Date of Burial, April 11 - 76

{ *Undertaker,* John J Portemanfer
{ *Place of Business,* N E Cor Fremont & Hillman St

Jm. Brockett Boyle M. D.
Medical Attendant.

Address 166 E Eager St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9176

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, ~~Sept~~ April 4th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James Hutton

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 61 *Years,* 10 *Months,* 26 *Days.*

Color, White *Sex,* Meale.

Married, ~~Single, Widow or~~ Widower, {Cross out the words not required in this line.}

Occupation, Blacksmith

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Cecil Co. Md

Duration of Residence in the City of Baltimore, Five years

Place of Death, {Give street and number.} 530 Aisquith St

Cause of Death, First (Primary,) Bright's Disease

Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet

Date of Burial, April 11th 1876

Undertaker, Wm. H. Hickman

Place of Business, 234 E. Gay St. *Address* 262 Madison Av

Eldridge G. Price M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 9177

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 11 1876

CERTIFICATE OF DEATH.

Date of Death, April 11th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Blanche Elenor Wolley

~~Sex, Male or~~ Female, {Cross out the word not required in this line.} Female

Age, *Years,* 1 *Months,* ~~Four~~ *~~Days.~~*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 2 Welch's Alley

Cause of Death, First (Primary.) Marasmus

Second (Immediate,) Exhaustion

Duration of Last Sickness, Since Birth

All the above information should be furnished by the Physician

Place of Burial, W. Potters Field

Date of Burial, April 11th 1876

Undertaker, Mc. H. C. Perry

Place of Business, 1118 W. Pratt St

Chas. S. Guerin M. D.
Vic. M. Hammond Medical Attendant.

Address 46 McCulloh St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9178

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 10th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Maria Buckley

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 25 *Years,* *Months,* *Days.*

Color, Colt *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} U S Since birth

Duration of Residence in the City of Baltimore, " "

Place of Death, {Give street and number.} No 28 Biddle Alley

Cause of Death, First (Primary,) Consumption of Lungs

Second (Immediate,) Asphyxia

Duration of Last Sickness, 2½ Months

All the above information should be furnished by the Physician.

Place of Burial, Greenlis Cemetery W W Austin M. D.

Date of Burial, April 11 1876 Medical Attendant.

Undertaker, Jas L Chalmers

Place of Business, 262 Penn Ave *Address* 192 Read St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

...t No. 9179

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 11th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ida Thomas.

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 4 *Years,* 5 *Months,* 6 *Days.*

Color, white *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 226 S. Ann St.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 226 S. Ann St.

Cause of Death, { First (Primary,) / Second (Immediate,) } General Dropsy

Duration of Last Sickness, 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, Dale Cemetery

Date of Burial, April 12th 1876

{ *Undertaker,* Hughes & Co / *Place of Business,* 65 S. Broadway } *Address* 117 S. Broadway

R. W. Mansfield M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

A K S·A F E T

Board of Health, City of Baltimore,

Certificate No. 9180

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last Illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 10th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lavinia Brown

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 2 *Years,* 2 *Months,* 7 *Days.*

Color, Col'd *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 78 Cider alley

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 78 Cider alley

Cause of Death, {First (Primary,) Pneumonia
Second (Immediate,) with Dropsy of chest

Duration of Last Sickness, 1 Month

All the above information should be furnished by the Physician.

Place of Burial, Catholic Cemetery

Date of Burial, April 11 1876

Jos: E. Clagett M. D.
Medical Attendant.

{*Undertaker,* J. M. Chase
Place of Business, 180 184½ Harrison St. *Address* 18. S. Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

K O D

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Cert No. 9181

The Physician who attended any person in a last Illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 10th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named give names of parents.} Cecelia Lang

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 8 *Years,* ——— *Months,* ——— *Days.*

Color, white

Married, Single, Widow or Widower. {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 357 E. Lombard St

Cause of Death, {First (Primary,) Cold

{Second (Immediate,) Consumption (Sickly all his life

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus City

Date of Burial, April 12th 1876

M. D.

Undertaker, H. M. Gibmeyer *Address* Commissioner of Health & Registrar

Place of Business, 341 Canton Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Information by H. M. Gibmeyer undertaker

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 9182

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

APR 12 1876

Date of Death, April 9 - 1876

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Richd Lee

~~Sex, Male or~~ Female, { Cross out the word not required in this line. }

Age, 6 *Years,* *Months,* *Days.*

Color, Black *Sex,*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Maryland

Duration of Residence in the City of Baltimore, Nine months.

Place of Death, { Give street and number. } 24 New Church St.

Cause of Death, { First (Primary,) Bilious fever: Pneumonia

Second (Immediate,) inanition

Duration of Last Sickness, Six months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 12 / 76

{ *Undertaker,* D. M. Chase

{ *Place of Business.*

D. Meg Stanton M. D.

Medical Attendant.

Address Balto. - Fail Dr.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 9183

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 8th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ellen Bias

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 2 *Years,* 11 *Months,* *Days.*

Color, Black

Sex, Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ~~Don't Know~~

Occupation, ~~Don't Know~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} ~~Don't Know~~ Balto City

Duration of Residence in the City of Baltimore, ~~Don't Know~~ 2 years 11 mo

Place of Death, {Give street and number.} 2 Morris Alley Court

Cause of Death, First (Primary,) Consumption

Second (Immediate,)

Duration of Last Sickness, ~~Don't Know~~ Saw her 3 days ago first she has always been delicate

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 12 1876

Undertaker, J. H. Chase

Place of Business, 161 Howard

R. Winslow M. D.

Medical Attendant.

Address 23 McCulloh St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Certificate No. 9184

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 12

CERTIFICATE OF DEATH.

Date of Death, April 11th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Peck

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 33 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, 33 years

Place of Death, {Give street and number.} 197 N. High Street

Cause of Death, First (Primary,) Puerperal Peritonitis

Second (Immediate,) Septicaemia

Duration of Last Sickness, Four days.

All the above information should be furnished by the Physician.

Place of Burial, Bell Cemetery

Date of Burial, 13 April

Undertaker, Garry O Rourke

Place of Business, 399 E Eager

E. Jer. Hall *M. D.*
Medical Attendant.

Address 181 Monument St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 9185

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 12 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 11 April

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Dora Lucas

~~Sex, Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 2 *Years,* 4 *Months,* *Days.*

Color, White

~~Married~~, *Single,* ~~Widow~~ *or* ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 2 years & 4 months

Place of Death, {Give street and number.} 18 Comet Street

Cause of Death, {First (Primary,) / Second (Immediate,)} Scarlatina

Duration of Last Sickness, 15 days

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery Henri F Talbot M. D.

Date of Burial, April 12 1876 Medical Attendant.

{*Undertaker,* Wm Frey

{*Place of Business,* N. Broadway Address Corner Aisquith & Fayette

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

No. 9186

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 17th 1896

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wallace M. Burns

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 24 *Years,* — *Months,* — *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~. {Cross out the words not required in this line.}

Occupation, a Machinist

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} Temp St near Hanover S

Cause of Death, First (Primary,) Pneumonia

Second (Immediate,)

Duration of Last Sickness, 5 Week

All the above information should be furnished by the Physician.

Place of Burial, Balto County

Date of Burial, 19th 1896

Undertaker, Armstrong & Dunn

Place of Business Cor Light & Pratt Sts

Geo. F. Dewson M. D.

Medical Attendant.

Address 1411 Hanover St City

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 9187

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled* to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 12 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 11th April 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William O'. Moxley.

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, Twenty Seven Years, *Months,* *Days.*

Color, White, *Sex,* Male.

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Clerk.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City Md

Duration of Residence in the City of Baltimore, Life time.

Place of Death, {Give street and number.} No 70 Collington Avenue.

Cause of Death, {First (Primary,) / Second (Immediate,)} Consumption.

Duration of Last Sickness, Five Months.

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cem

Date of Burial, April 13th 1876

Nicholas L. Bathill, M. D.
Medical Attendant.

Undertaker, Hughes & Co

Place of Business, 65 S Broadway *Address* 207 S. Broadway.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 9188

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 12th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} John Thomas & Ella Thomas

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months.* 14 *Days.*

Color, white *Sex,* female

~~*Married, Single, Widow or Widower*~~ {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, ———

Place of Death, {Give street and number.} 184 S Regester st

Cause of Death, {First (Primary,) Miscarriage

{Second (Immediate,) ———

Duration of Last Sickness, ———

All the above Information should be furnished by the Physician.

Place of Burial, White ~~St. Paul's Cem. Ly~~ Cemetery

Date of Burial, April 13th

{*Undertaker,* Wm Nicolaus

{*Place of Business,* 258 Alice Anna

M. D.

~~Medical Attendant.~~

Address Commiss of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Information by Mrs Bushman Midwife

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

9189

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled* to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or Coroner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 11th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Heinrich Strachl

Sex, Male or Female, {Cross out the word not required in this line.} M—

Age, 19 *Years,* *Months,* *Days.*

Color, W. *Sex,*

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, Shoemaker

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany 1yr in U.S.

Duration of Residence in the City of Baltimore, 1yr

Place of Death, {Give street and number.} St Joseph's Hospl. City

Cause of Death, First (Primary,) Tuberculosis

Second (Immediate,) Exhaustion

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, April 12th 1876

{~~*Undertaker*~~, Sisters of Charity

Place of Business, Baltimore

Oscar J. Costery M. D.
Medical Attendant.

Address St Joseph's Hosp.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 9190

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 11 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Bernhard H. Shumm

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 2 *Years,* 11 *Months,* 7 *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 130 Lorch

Cause of Death, First (Primary,) Typhoid Pneumonia

Second (Immediate.)

Duration of Last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, Mt. Carmel Cem

Date of Burial, April 13th 1876

Undertaker, M. A. Zaiger

Place of Business, 414 E. Bay

Thomas Durrell M. D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 9191

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 12. April 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Catlick Hartmann

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 53 *Years,* 9 *Months,* *Days.*

Color, white *Sex,* female

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} ~~Virginia~~ Germany

Duration of Residence in the City of Baltimore, 15 years

Place of Death, {Give street and number.} 25 Stirling St

Cause of Death, {First (Primary,) Phthisis pulm.

Second (Immediate,) ab. 1 year

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park ~~Baltimore~~ County

Date of Burial, April 13/76

Undertaker, Ch Koenig

Place of Business, 136 E Fayette.

C Hartmann M. D.
Medical Attendant.

Address 57 Aisquith St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

No. 9192

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 10th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie M. Stein

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 3 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, none

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Always

Place of Death, {Give street and number.} 421 Eastern Ave

Cause of Death, First (Primary,) Scarlet fever

Second (Immediate,)

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Alpheus Cem John H. Conner M. D.

Date of Burial, April 12th. Medical Attendant.

Undertaker, Martin Eippel

Place of Business, 2 Bond st 151 *Address* N. W. Cor Broadway Wall

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 9193

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 11th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Casper Belz

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 14 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, None,

Birthplace, {State or country (and how long in the United States, if of foreign birth)} Germany

Duration of Residence in the City of Baltimore, 24 years

Place of Death, {Give street and number} 344 Pennsylvania

Cause of Death, {First (Primary,) / Second (Immediate,)} Believed to be Consumption

Duration of Last Sickness, Six Weeks

All the above information should be furnished by the Physician

Place of Burial, St Alphonsus Cem't

Date of Burial, April 13th 1876

Undertaker, Jacob Weaver

Place of Business, Nos 4 & 6 Druid Hill Ave

Geo C Gyle Coroner, M. D.
Medical Attendant.

Address 229 Cary st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the CORONER, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 9194

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb 11th '76

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Leander R. Griffin

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 1 *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore,

Duration of Residence in the City of Baltimore, all life

Place of Death, {Give street and number.} 120 Greenmount Ave

Cause of Death, First (Primary,) Cold

Second (Immediate,) Bronchitis ?

Duration of Last Sickness, 4 days

All the above loformation should be furnished by the Physician.

Place of Burial, Greenmount Cem

Date of Burial, April 13th 76

Undertaker, John F Rodenay &

Place of Business, N E Cor Gunnt Ave & Monument St

Edmund R Wallace *M. D.*
Medical Attendant.

Address 180 Linden Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 9195

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

APR 12 1876

Date of Death, April 11. 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Johnnie Peak

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.} Male

Age, *Years,* Four *Months,* Seven *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, 4 mos. & 5 days

Place of Death, {Give street and number.} # 491 Gay st.

Cause of Death, First (Primary,) Cerebritis

Second (Immediate,) Effusion

Duration of Last Sickness, 3 Days

All the above information should be furnished by the Physician

Place of Burial, St Peters Cemetery

Date of Burial, 13 April 1876

Undertaker, Adam Fink

Place of Business, 461 W. Lay. St.

H. Hartman *M. D.*
Medical Attendant.

Address # 305 N. Carey St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

No. 9196 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in n last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 15 1876

CERTIFICATE OF DEATH.

Date of Death, April 12th 1876

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Inv. Grosskopf

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, Years, 3 Months, 12 Days.

Color, white *Sex,* male

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltw. City

Duration of Residence in the City of Baltimore, since born

Place of Death, { Give street and number. } 3 Spruce Alley

Cause of Death, First (Primary,) Cholera infantum.

Second (Immediate,) convulsions

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet

Date of Burial,

Undertaker,

Place of Business,

P. G. Dausch M. D.
Medical Attendant.

Address 27 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 9197

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 13 1876

CERTIFICATE OF DEATH.

Date of Death, April 11th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Smith Kelso

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 84 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Maryland

Duration of Residence in the City of Baltimore, All her life

Place of Death, {Give street and number.} No 217 Linden Avenue.

Cause of Death, First (Primary,) General failure of the vital powers

Second (Immediate,) Slow Asthenia

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Greenmount, City

Date of Burial, April 13.

{*Undertaker,* Thos Godey

{*Place of Business.* Hanover St near Lombard

Last Comp Journal M. D.
W. K. Webb M.D.
Medical Attendant.

Address 317 Madison Avenue & 217 Linden Avenue

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 9198

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled* to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or Coroner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 11 April 1876

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Douglas Viney

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 75 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Married

Occupation, Engineer

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Scotland

Duration of Residence in the City of Baltimore, 30 years

Place of Death, { Give street and number. } 16 Ogden Court

Cause of Death, First (Primary,) Pleuro Pneumonia right side

Second (Immediate,) Bronchorrhea

Duration of Last Sickness, 13 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, April 15th 1876

Undertaker, Jacob Hamer

Place of Business, Nos 4 & 6 Druid Hill Ave

Martin Brewer M. D.
Medical Attendant.

Address 201 W. Biddle St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 9199

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled* out, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 12th 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John H. Saunders.

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 3 *Years,* 4 *Months,* — *Days.*

Color, *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. City.

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 233 S. Paca St.

Cause of Death, {First (Primary,) Scarlatina

{Second (Immediate,)

Duration of Last Sickness, two days.

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetry

Date of Burial, April 13th 1876

{*Undertaker,* Adam Heidemyer

{*Place of Business,* 518½ W. Baltimore St.

R. J. H. Tall M. D.
Medical Attendant.

Address 15-8, S. Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 9200

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 13 1876

CERTIFICATE OF DEATH.

Date of Death, April 12th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Martha Martin

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, Five *Years,* Ten *Months,* *Days.*

Color, Mulatto

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth} Baltimore Md.

Duration of Residence in the City of Baltimore. Life time

Place of Death, {Give street and number.} 291 Pilliam Street

Cause of Death, {First (Primary,) Dental Fever

Second (Immediate,) Opthesa

Duration of Last Sickness, Four Weeks

All the above information should be furnished by the Physician.

Place of Burial, St. Aphanius Cem

Date of Burial, April 14th 1876

{*Undertaker,* Julius Koehler

Place of Business, cor Sharp & Cross

Address 296 Aulton Str

S. C. Hord *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

No. 9201

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 11th 1896

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named give names of parents.} John Byrne

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 77 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth} Ireland

Duration of Residence in the City of Baltimore, 28 years

Place of Death, {Give street and number} 78 S. Dallas St.

Cause of Death, First (Primary,) Apoplexy.

Second (Immediate,)

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial St Patricks' Cemetery

Date of Burial, April 13 1896

Undertaker, James D Byrne

Place of Business, No 63 Pr Frent St

James D. Shaw M. D.
Medical Attendant.

Address 257 Eastern Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 9202

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled* out, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 12th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William McBride

[redacted], *Male* [redacted} {Cross out the word not required in this line.} Male

Age, 57 *Years,* 5 *Months,* ——— *Days.*

Color, White *Sex,* Male

[redacted], *Widower,* {Cross out the words not required in this line.} Widower

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Cavan Co. Ireland

35 Years

[redacted] *of Residence in the City of Baltimore,* No 1 Friendship Street.

Place of Death, {Give street and number.} Albumenuria

Cause of Death, { First (Primary,) [redacted] nd (Immediate,)

Duration of Last Sickness, 18 months

All the above information should be furnished by the Physician.

Place of Burial, St Vincents Cemetery

Date of Burial, April 13th 1876

{ *Undertaker,* James P Byrne
{ *Place of Business,* No 63 [illegible] Fremont St *Address*

A. P. Gaines M. D.
77 St Paul Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 9203

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 11th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Chloe Walker

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 85 *Years,* ——— *Months,* ——— *Days.*

Color, Col'd

~~*Married, Single,*~~ *Widow* ~~*or Widower.*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Harford Co Md

Duration of Residence in the City of Baltimore, 60 years

Place of Death, {Give street and number.} 42 Mulberry Street

Cause of Death, {First (Primary.) old age / Second (immediate,) Senile Decay

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, April 13 1876

Undertaker, John C. Jordon

Place of Business, Paca St Address Commiss of Health & Registr

M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Emanuel Metcalf her Son

[OVER.]

Board of Health, City of Baltimore,

No. 9204

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled* to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 12th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Francis J Benn

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 20 *Years,* *Months,* *Days.*

Color, White *Sex,* Single

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Cigar maker

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Pa

Duration of Residence in the City of Baltimore, 7 years

Place of Death, {Give street and number.} New St No 9

Cause of Death, First (Primary,) Pulmonary Consumption

Second (Immediate,)

Duration of Last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, Ebenezer M.E. I visited him once, did

Date of Burial, April 13th 1876 not attend him

S. T. Knight M. D.

~~Medical Attendant~~

Undertaker, Jacob Hoover

Place of Business, No 486 South Hill Avenue *Address* No 112 N Green Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

(Transit 412)

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 9205

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT APR 13 1876

Date of Death, April 10th 1876

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Susan A Stevens

Sex, ~~Male or~~ *Female,* { Cross out the word not required in this line. }

Age, 39 *Years,* *Months,* *Days.*

Color, Black *Sex,*

Married, ~~*Single, Widow or Widower,*~~ { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, 39 years

Place of Death, { Give street and number. } 64 N Durham st

Cause of Death, { First (Primary,) Diphtheria / Second (Immediate,)

Duration of Last Sickness, 4 Days

All the above information should be furnished by the Physician.

Place of Burial, Anderwanted Co Md

Date of Burial, April 12 1876

Wm L Burrill M. D.
Medical Attendant.

{ *Undertaker,* John M Locke *Address* 1 Broadway
{ *Place of Business,* 59 South Main Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

(Transit 411)

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 9206

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled* to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or Coroner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 13th 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles Joseph Stelling

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 10 *Years,* 4 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ———

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore.

Duration of Residence in the City of Baltimore, since Birth

Place of Death, {Give street and number.} 248 N. Central Ave

Cause of Death, First (Primary,) Inflammation of Lungs.

Second (Immediate,)

Duration of Last Sickness, 14 days.

All the above Information should be furnished by the Physician.

Place of Burial, St Mary's House Cem'y

Date of Burial, April 15 1876

J. H. Smith M. D.
Medical Attendant.

Undertaker, Henry Flook

Place of Business, 308 Central Ave *Address* 108 S. Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 9207

Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 12th 76

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sarah B. Bowman

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, Thirty Two *Years,* ——— *Months,* ——— *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth)} England

Duration of Residence in the City of Baltimore, Seventeen Years

Place of Death, {Give street and number.} 112 Walsh St.

Cause of Death, First (Primary,) ———

Second (Immediate,) Pulmonary Consumption

Duration of Last Sickness, Unknown

All the above information should be furnished by the Physician

Place of Burial, Loudon Park Cem.

Date of Burial, April 14 1876

Undertaker, Henry Myer

Place of Business, 106 & a Howard St. *Address* 89 N. Greene St.

D. G. Keller *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

No. 9208 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 12 April

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mark Dietrich

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 39 *Years,* *Months,* *Days.*

Color, white *Sex,* male

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Restaurant

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 25 years

Place of Death, {Give street and number.} 39 E. Fayette

Cause of Death, First (Primary,) Erysipelas fac.

Second (Immediate,) bleeding ulcers

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, April 14th

M. D.
Medical Attendant.

Undertaker, Henry James

Place of Business, 232 Eastern Ave. *Address* 67 Aliceanna

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 9209

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled* to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 13 1876

CERTIFICATE OF DEATH.

Date of Death, April 13th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Robt Renwick

~~Sex,~~ *Male or* ~~*Female,*~~ {Cross out the word not required in this line.}

Age, 66 *Years,* 11 *Months,* ——— *Days.*

Color, White *Sex,*

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Cabinet Maker

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Scotland

Duration of Residence in the City of Baltimore, 40 years

Place of Death, {Give street and number.} 98 South 14th bet Grand Sts

Cause of Death, First (Primary,) 1st Embolism

Second (Immediate,) Exhaustion

Duration of Last Sickness, 10 Hours

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, April 15. 1876 Chas A Doremus M. D.
Medical Attendant.

Undertaker, R Renwick Gray

Place of Business, 92 N. Howard *Address* [redacted] W. Monument St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 9210

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled* to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or Coroner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 18th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James L. Riston

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 45 *Years,* *Months,* *Days.*

Color, white *Sex,* male

~~*Married, Single, Widow or*~~ *Widower,* {Cross out the words not required in this line.}

Occupation, Clerk

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 12 years

Place of Death, {Give street and number.} 1698 N. Republican St

Cause of Death, First (Primary.) Phthisis

Second (Immediate.) "

Duration of Last Sickness, Three "months

All the above information should be furnished by the Physician.

Place of Buried, Mount Olivet Cem. Thomas Opie M. D.

Date of Buried, April 19th 1876 Medical Attendant.

Undertaker, J. S. Deane *Address* 396 W. Fayette St.

Place of Business, 1256 N. Balto St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 9211

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 13 1876

CERTIFICATE OF DEATH.

Date of Death, April 11. 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Emma Jones

Sex, ~~Male~~ or ~~Female~~, {Cross out the word not required in this line.}

Age, 2 *Years,* 10 *Months,* 6 *Days.*

Color, Colored *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 9 Salisbury Alley

Cause of Death, First (Primary,) Inanition

Second (Immediate,)

Duration of Last Sickness, Unknown

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem

Date of Burial, April 13th

Undertaker,

Place of Business,

W. B. White, M. D.
Medical Attendant.

Address 34 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

No. 9212

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 15 1876

CERTIFICATE OF DEATH.

Date of Death, Apl 12 76

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Richard Louis Boyle & Spruce

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ____ *Years,* 6 *Months,* ____ *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore.

Place of Death, {Give street and number.} N E cor Pratt & Eutaw

Cause of Death, First (Primary,) Diphtheria

Second (Immediate,) Debility

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician

Place of Burial, Cath Cem'y

Date of Burial, April 13th 76

Undertaker, Jos H Byrne

Place of Business, 89 n Liberty st

J Thomas M. D.
Medical Attendant.

Address 152 Hanover st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 9213

Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 12 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Cuttley

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 85 *Years,* *Months,* *Days.*

Color, White

~~Married~~, ~~Single~~, Widow or ~~Widower~~. {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 35 yrs

Place of Death, {Give street and number.} 172 Hughes st

Cause of Death, {First (Primary,) / Second (Immediate,)} Fracture of Femur / Shock

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Balto. Cemetery

Date of Burial, 14th April 1876

Undertaker, H. H. Tenkins & Son

Place of Business, 16 Light St

H. W. Webster M. D.
Medical Attendant.

Address 57 Barre

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 9214.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 13 1896

CERTIFICATE OF DEATH.

Date of Death, April 11th 1896

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rachel Joiner

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 21 *Years,* *Months,* *Days.*

Color, Col

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Servant

Birthplace, {State or country (and how long in the United States, if of foreign birth)} Calvert Co Md

Duration of Residence in the City of Baltimore. about five yrs

Place of Death, {Give street and number} 154 York & Balto

Cause of Death, {First (Primary.) Consumption

Second (Immediate,)

Duration of Last Sickness, about 3 yrs

All the above information should be furnished by the Physician

Place of Burial, Laurel Cemetery

Date of Burial, April 13th 1896

Undertaker, Wm Jas Gray

Place of Business, 65 Mulberry St Address 23 Franklin Balto

J H Latimer M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

A F E T Y F I

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 9215

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 12 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mrs Sophia E. Strong

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 35 *Years,* ——— *Months,* ——— *Days.*

Color, white

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth)} A. A. Co Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 88 Division Street

Cause of Death, {First (Primary,) / Second (Immediate,)} Consumption

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, A. A. Co Meda

Date of Burial, April 12 1876

{*Undertaker* Jas I. Chalmers / *Place of Business,* 262 Penn Ave}

James A Stewart M. D.
Medical Attendant.

Address 93 Park av

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

(Transit 410)

[OVER.]

KODAK S·A

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 9216

Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled* the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or her, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

APR 13 1876

Date of Death, April 13th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George Frederick Kelly

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, 1 *Years,* 4 *Months,* 6 *Days.*

Color, White *Sex,*

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, 4 Months 6 days

Place of Death, {Give street and number.} No 3. Chapel st

Cause of Death, First (Primary,) Congestion Lungs

Second (Immediate,)

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Balt Cem

Date of Burial, April 14,

Undertaker, Wm Foy,

Place of Business, 54 E Broadway

Wm. L. Rowe M. D.
Medical Attendant.

Address 1 Broadway E Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 9217.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled* to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or Coroner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 12th 6 P. M. 1886

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Maria Elizabeth Siebert

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 23 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 200 Centre Avenue

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate,)

Duration of Last Sickness, Since Feb. 16th 1886

All the above information should be furnished by the Physician.

Place of Burial, Mount Comnal

Date of Burial, April 13

James E Donnelly M. D.
Medical Attendant.

Undertaker, Kindler Dispe

Place of Business, 8 Bond st 151 Address 299 E Balt St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 9218

Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 13 1896

CERTIFICATE OF DEATH.

Date of Death, April 11th 1896

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles Moore

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, Sixty — *Years,* *Months,* *Days,*

Color, Dark

~~Married~~, ~~Single~~, ~~Widow~~ or Widower, {Cross out the words not required in this line.}

Occupation, Porter

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Not known

Duration of Residence in the City of Baltimore, About Twenty years

Place of Death, {Give street and number} 86 Down St

Cause of Death, {First (Primary,) Consumption

{Second (Immediate,)

Duration of Last Sickness, About Nine Months.

All the above information should be furnished by the Physician.

Place of Burial, Cem Ferry

Date of Burial, Apl 13 1896

{*Undertaker,* } Shaw

{*Place of Business,* Baltimore

J. F. Q. Rieu M. D.
Medical Attendant.

Address 89 Mulberry St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

No. 9219

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled* the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or oner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 11,

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ida L. Jones

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 3 *Years,* 5 *Months,* 2 8 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 83 Wilcome alley

Cause of Death, First (Primary,)

Second (Immediate.) Pneumonia

Duration of Last Sickness, 2 days

All the above Information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 13 1895 Theodore Boske M. D.

Medical Attendant.

Undertaker, J. L. Chase

Place of Business, 146 Hanover St *Address* 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 9220

...ysician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled* ...e undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or ..., if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 12th 1876

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Miss Rose A Thomas

Sex, ~~Male~~ *Female,* { Cross out the word not required in this line. }

Age, 33 *Years,* ~~to~~ *Months,* *Days.*

Color, White *Sex,*

~~Married~~, *Single,* ~~Widow~~ ~~Widower~~, { Cross out the words not required in this line. }

Occupation, ~~———~~

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Frederick Co Md

Duration of Residence in the City of Baltimore, 4 Yrs

Place of Death, { Give street and number. } 357 W Lombard St

Cause of Death, { First (Primary,) } { Second (Immediate,) } Heart Disease

Duration of Last Sickness, 4 months

All the above information should be furnished by the Physician.

Place of Burial, Frederick Co Md D. K. Crum M. D.

Date of Burial, April 13 1876 Medical Attendant.

Undertaker, Blacklistone Address Paid Fayette St

Place of Business, W Balto St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

(Transit 413)

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

No. 9421

Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 13 April 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Catharine

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ____ *Years,* ____ *Months,* 12 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ____

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Foundling

Duration of Residence in the City of Baltimore, 7 days

Place of Death, {Give street and number.} St Vincents Infant Asylum

Cause of Death, First (Primary,) ____ Second (Immediate,) Convulsions

Duration of Last Sickness, 48 hours

All the above information should be furnished by the Physician.

Place of Burial, Catholic Cemetery

Date of Burial, April 13 1876

{*Undertaker,* Samuel Bowen
{*Place of Business,* 156 Lemon St

Marbury Brent M. D.
Medical Attendant.

Address 201 W. Biddle St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

No. 9222 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 12 April 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Joseph,

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, *Years,* 5 weeks ~~1 month~~, *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth} Foundling

Duration of Residence in the City of Baltimore, 3 weeks.

Place of Death, {Give street and number.} St Vincents Infant Asylum

Cause of Death, {First (Primary,) Atrophy

{Second (Immediate,) Hydrocephaloid convulsions

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial Cathedral Cemetery

Date of Burial, April 15. 1876

{*Undertaker,* Saml Bowen

{*Place of Business,* 156 Division St.

Marbury Brewer M. D.
Medical Attendant.

Address 201 N. Bridge St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

No. 9223

Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 13 April 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ____ *Years,* ____ *Months,* 10 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ____

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Foundling

Duration of Residence in the City of Baltimore, 5 days

Place of Death, {Give street and number.} St Vincents Infant Asylum

Cause of Death, {First (Primary,) Stupor from Opium when admitted
Second (Immediate,) Convulsion,

Duration of Last Sickness, 24 hours,

All the above information should be furnished by the Physician

Place of Burial Cathedral Cemetery

Date of Burial, April 13. 1876

Undertaker, Saml Bowers

Place of Business, 156 Division St

Marbury Brown M. D.
Medical Attendant.

Address 201 W. Biddle St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 9224

Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled* the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or ner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 13 1876

CERTIFICATE OF DEATH.

Date of Death, 11 April 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sarah Ann Stewart

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 33 *Years,* *Months,* *Days.*

Color, white *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland.

Duration of Residence in the City of Baltimore, 25 years.

Place of Death, {Give street and number.} 34 Wood year Street

Cause of Death, First (Primary,) Parturition

Second (Immediate,) Rupture of uterus collapse

Duration of Last Sickness, one 2 days

All the above information should be furnished by the Physician.

Place of Burial, Western cem Mabury Brown M. D.

Date of Burial, April 13 Medical Attendant.

Undertaker, C & P Taggart *Address* 201 W. Biddle st

Place of Business, cor. Penn & Dolphin sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 9225

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled* to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 12 1876

CERTIFICATE OF DEATH.

Date of Death, April 14th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Anton Henry Smead

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ____ *Years,* 6 *Months,* 27 *Days.*

Color, white *Sex,* male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ____

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore city

Duration of Residence in the City of Baltimore, since born

Place of Death, {Give street and number.} 12 Spruce Alley

Cause of Death, First (Primary,) ____ Second (Immediate.) Convulsions

Duration of Last Sickness, 36 hours.

All the above information should be furnished by the Physician.

Place of Burial, Union

Date of Burial, ____

Undertaker, ____

Place of Business, ____

T. E. Dench M. D.
Medical Attendant.

Address 27 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

No. 9226

...sician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to ...ftaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested ...o to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 1876

CERTIFICATE OF DEATH.

Date of Death, April 13th 1876,

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George Washington Odle

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 2 *Years,* 1 *Months,* 23 — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 91 N Washington St

Cause of Death, First (Primary,) Pneumonia

Second (Immediate,) do —

Duration of Last Sickness, — 2 weeks —

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem.

Date of Burial, Tomorrow April 15th

Undertaker, Mr Jacob Keller

Place of Business, 201 Harrison Street

[illegible] —M. D.

Medical Attendant.

Address 81 S. Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 9227

...ysician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled* ... undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or ... if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 10 1876

CERTIFICATE OF DEATH.

Date of Death, April 13 - 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James Rea

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 63 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 27 years

Place of Death, {Give street and number.} 79 Patterson Av

Cause of Death, {First (Primary,) Acute Rheumatism supervening

{Second (Immediate,) upon Bright's disease of Kidney.

Duration of Last Sickness, Between two & three weeks

All the above Information should be furnished by the Physician.

Place of Burial, St Patrick's Cemetary. J E Adkinson M. D.

Medical Attendant.

Date of Burial, April 15th 1876

{*Undertaker,* J. B. Cook

{*Place of Business,* 707 West Baltimore St *Address* 209 W. Biddle St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

No. 9228 OFFICE OF REGISTRAR OF VITAL STATISTICS.

Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled* the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or Coroner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTRATION OFFICE APR 14 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 13th 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ella May Wheeler.

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 1 *Years,* 10 *Months,* 13 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. Md.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 184 Williams st -

Cause of Death, First (Primary,) Congenital Hydrocephaloid.

Second (Immediate.)

Duration of Last Sickness, 3 weeks.

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet Cemetery - *Date of Burial,* April 14th/76

J. E. Hampton M. D.
Medical Attendant.

Undertaker, F. H. Toll.

Place of Business, 90 S Howard St *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

...spondents are respectfully invited to the remarks below, and to List of Diseases on ba... Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

...t No. 9229

...he Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled* ..., to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
APR
19
1876

CERTIFICATE OF DEATH.

Date of Death, April 13th 1876

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Richards Harman

Sex, ~~Male~~ or *Female,* { Cross out the word not required in this line. }

Age, 65 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Anne Arundel County

Duration of Residence in the City of Baltimore, Ten years

Place of Death, { Give street and number. } 490 West Lombard

Cause of Death, { First (Primary,) Typhoid Fever
Second (Immediate,) Ulceration of bowels,

Duration of Last Sickness, several weeks

All the above information should be furnished by the Physician.

Place of Burial, Franow Church

Date of Burial, April 14th 1876

Undertaker, Hughes & Co

Place of Business, 530 Fayette & Republican Address

D. S. Hoffman M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

No. 9230 OFFICE OF REGISTRAR OF VITAL STATISTICS.

Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled* the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or other, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 14 1876

CERTIFICATE OF DEATH.

Date of Death, April 14th 1876. (Chancellor)

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Emily Chenoweth.

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 53 *Years,* — *Months,* — *Days.*

Color, *Sex,* Fem

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland.

Duration of Residence in the City of Baltimore, 40 years.

Place of Death, {Give street and number.} 228 Lee St.

Cause of Death, First (Primary,) Softening of the Brain.
Second (Immediate,)

Duration of Last Sickness, 18 months.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, April 15th 76.

Undertaker, Jno S. Macher

Place of Business, 150 Camden St

R. J. H. Tall M. D.
Medical Attendant.

Address 158 S. Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 9231

Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled* the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 12th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Miller

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 37 *Years.* *Months,* *Days.*

Color, Black *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Washing & Ironing

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Eastern Shore of Md

Duration of Residence in the City of Baltimore, About 16 Years

Place of Death, {Give street and number.} 54 Cohen Alley

Cause of Death, First (Primary,) Pulmonary Tuberculosis

Second (Immediate,) Asthenia from Colliquative Diarrhoea

Duration of Last Sickness, About 15 Months

All the above information should be furnished by the Physician.

Place of Burial, Locust Cemetery

Date of Burial, April 14. 76

Undertaker, W. H. Holmes

Place of Business, 191 W. Pratt

Eugene F. Cordell M. D.
Medical Attendant.

Address 55 Lexington St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

No. 9232

OFFICE OF REGISTRAR OF VITAL STATISTICS.

...ysician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled* ...e undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or ..., if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 14 1876

CERTIFICATE OF DEATH.

Date of Death, Apr. 13th '76

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Christoph Menge

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} M

Age, 90 *Years,* *Months,* *Days.*

Color, White *Sex,*

~~Married, Single, Widow~~ or Widower, {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany ———

Duration of Residence in the City of Baltimore, ———

Place of Death, {Give street and number.} St Joseph's Hospital Caroline & Hoffman

Cause of Death, First (Primary,) Old age

Second (Immediate,) Asthenia

Duration of Last Sickness, 3 yrs

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem. Oscar L. Costen M. D.

Date of Burial, April 15 '76 Medical Attendant.

Undertaker, Henry Meyer

Place of Business, 1001 Howard St Address St Joseph's Hosp.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

No. 9233

...cian who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to ...aker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if required ... to, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 14th April

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Carolina Hitzemeier

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 36 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word is not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Westphalen Germany

Duration of Residence in the City of Baltimore. 8 years

Place of Death, {Give street and number.} 452 Canton Ave

Cause of Death, {First (Primary,) Phtisis Tuberculosa

{Second (Immediate,) Marasmus

Duration of Last Sickness, 1 year

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel Cemetery

Date of Burial, April 15th 1876

Undertaker, F. Eckhart

Place of Business, 469 Canton Ave

J. Heiskell M. D.
Medical Attendant.

Address 245 S. Bond Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

No. 9234

...ician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to ...ker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested ..., under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 13th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Louis Mole

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 3 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore. since birth

Place of Death, {Give street and number.} 81 Cambridge st

Cause of Death, First (Primary,) Died from the effects of injuries

Second (Immediate,) rec'd from the Accidental upsetting of a load wood

Duration of Last Sickness, Sudden

All the above information should be furnished by the Physician

Place of Burial, Old Carmel Cemetery

Date of Burial, April 14th 1876

Undertaker, H. Eckhart

Place of Business, 169 Canton Ave.

R C Lee M. D.

N. W. cor Caroline S. [illegible]

Address Hanover & Barre sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...ysicians is respectfully invited to the remarks below, and to List of Diseases on back of ...ertificate.

Board of Health, City of Baltimore,

No. 9235

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled* ...to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 14 1876

CERTIFICATE OF DEATH.

Date of Death, 13th April 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Cary Pegram Hays

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, Nine *Years,* ——— *Months,* ——— *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ~~Sing~~,

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Nine years

Place of Death, {Give street and number.} 1045 Franklin St.

Cause of Death, First (Primary,) R. Abscess

Second (Immediate,) Throat trouble.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Green Mt. Cemetery

Date of Burial, 15th April 1876

Undertaker, Hy. M. Jenkins' Son

Place of Business, 16 Light St. *Address*

Thos. T. Smith M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 9236

Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled* the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 13th 9. P. M.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Bubert

Sex, Male or Female, {Cross out the word not required in this line.} ~~Female~~

Age, 23 *Years,* — *Months,* — *Days.*

Color, White *Sex,* male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ~~Married~~ ~~Widow~~ ~~Widower~~

Occupation, Wagon Driver

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} Granby & near Canal

Cause of Death, First (Primary,) Consumption

Second (Immediate,)

Duration of Last Sickness, 8 days.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Tomorrow April 15th

Undertaker, Mr Jacob Muller

Place of Business, 621 Harrison St.

Abram B. Arnold M. D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 9237

...ysician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled* ... undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or ... if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 13 1876

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } John Drew.

Sex, Male ~~*or Female*~~, { Cross out the word not required in this line. }

Age, 45 Years, 6 Months, 12 Days.

Color, White *Sex,* Male

~~*Married,*~~ *Single,* ~~*Widow or Widower.*~~ { Cross out the words not required in this line. }

Occupation, Seaman

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Maryland

Duration of Residence in the City of Baltimore, 45 Years

Place of Death, { Give street and number. } Baltimore Infirmary

Cause of Death, { First (Primary,) Phthisis
Second (Immediate,) Phthisis

Duration of Last Sickness, 29 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetary J. T. Clawson M. D.

Date of Burial, April 14th 76. Medical Attendant.

{ *Undertaker,* Henry Boken
{ *Place of Business,* Thames St. *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 9238

...hysician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled* ...he undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or ...er, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 16 1876

CERTIFICATE OF DEATH.

Date of Death, April 13th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Capt. Thomas McDaniel

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 50 *Years,* — *Months,* — *Days.*

Color, wht *Sex,* —

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Somerset Co Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} on Board Sch in Balto Harbor

Cause of Death, {First (Primary,) / Second (Immediate,)} Cramp Colic

Duration of Last Sickness, 24 hours

All the above information should be furnished by the Physician.

Place of Burial, Somerset Co Md

Date of Burial, April 16 1876

R. A. Lee M. D.
~~Medical Attendant.~~
md

{*Undertaker,* John H. Weaver *Address* Coroner
{*Place of Business,* Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

(Transit #15)

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 9239

...hysician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled* ...he undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or ..., if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 13. 1876

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Warren L Bossow

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 3 *Years,* 3 *Months,* *Days.*

Color, White *Sex,* Male

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Balto Md

Duration of Residence in the City of Baltimore, All his life

Place of Death, { Give street and number. } 13 North Appleton St

Cause of Death, { First (Primary,) Entric (not developed

Second (Immediate,) Cerebral effusion

Duration of Last Sickness, One Week

All the above information should be furnished by the Physician.

Place of Burial, Mt Auburn

Date of Burial, April 15th

Undertaker, Wm J. Tickner

Place of Business, 65 S. Eutaw st

W. H. A Kemp M. D.
Medical Attendant.

Address 55 N. Grove St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 9240

...ysician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to ...dertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 11th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Susan Smith

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 80 *Years,* *Months,* *Days.*

Color, Black

Married, Single, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Talbot County Md

Duration of Residence in the City of Baltimore. 50 years

Place of Death, {Give street and number.} No 80 Plum alley

Cause of Death, {First (Primary,) old age

Second (Immediate,) unknown

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician

Place of Burial, Laurel Cem Co

Date of Burial, April 13 1911

Undertoker, Wm C. Lange

Place of Business, 1007 E Eutaw

Ellis. Michaux. M. D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 9241

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled* to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 13. 76.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Thomas Shaw

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} —

Age, 1 *Years.* 2 *Months.* *Days.*

Color, Mulatto *Sex,* Male

Married, Single, ~~Widow~~ or Widower, {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City.

Duration of Residence in the City of Baltimore, 14 mos

Place of Death, {Give street and number.} 316 Durham

Cause of Death, First (Primary,) Convulsions

Second (Immediate,) Asphyxia

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 14th 76

Undertaker, Wm. H. Lemmon

Place of Business, 104 East Shot.

W. J. O'Neill M. D.
Medical Attendant.

Address 235 N. Gay way.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 9242

...ician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to ...ker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested ..., under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 12 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Edward Corporal

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 10 *Years,* 2 *Months,* *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, 10 yrs. & 2 mos.

Place of Death, {Give street and number.} 11 Jefferson St. E.

Cause of Death, First (Primary.) Phthisis Pulmonalis

Second (Immediate,) Exhaustion

Duration of Last Sickness, 4 5 months

All the above information should be furnished by the Physician.

Place of Burial, [illegible]

Date of Burial, April 14th 1876

Undertaker, [illegible]

Place of Business, [illegible]

S. E. Hartman M. D.

Medical Attendant.

Address 305 N. Caroline St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 9243

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled* to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 14 1876

CERTIFICATE OF DEATH.

Date of Death, April 14th. 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John S. Ackworth.

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Twenty *Years,* Seven *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Two Years

Place of Death, {Give street and number.} No. 335 Cathedral St.

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate,)

Duration of Last Sickness, Five weeks

All the above information should be furnished by the Physician.

Place of Burial, Balto Co. by R. R. L. K. Merrick M. D.

Medical Attendant.

Date of Burial, April 15 - 76

Undertaker, John S. Ardenmayer *Address* 131 W. Biddle St.

Place of Business, 131 W. Biddle St

One & Richmond St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

(Transit 4416)

...Physicians is respectfully invited to the remarks below, and to List of Diseases on back of ...Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 9264

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 14 1896

CERTIFICATE OF DEATH.

Date of Death, 14th April 1896.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles H. Hennegan

Sex, Male or Female, {Cross out the word not required in this line.} Male.

Age, 24. *Years,* *Months,* *Days.*

Color, White, *Sex,* Male.

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single.

Occupation, None.

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore.

Duration of Residence in the City of Baltimore, All his life.

Place of Death, {Give street and number.} Library room near Fulton Ave.

Cause of Death, First (Primary,) Stroke.

Second (Immediate.) Hemorrhage.

Duration of Last Sickness, Two months.

All the above information should be furnished by the Physician.

Place of Burial, Green Mt. Cemetery

Date of Burial, 17th April 96

Undertaker, Wm. H. Deaton, Son

Place of Business, 16 Light St. *Address* [illegible]

[illegible] *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 9245

Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled* the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 14 1876

CERTIFICATE OF DEATH.

Date of Death, April 13th. 1876.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents } John A. James.

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, 49 *Years,* 7 *Months,* 3 *Days.*

Color, White *Sex,* Male

~~Married~~, *Single,* ~~Widow~~, ~~Widower~~, { Cross out the words not required in this line. }

Occupation, Carpenter.

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, 49 ye. 7 mos. 3 days.

Place of Death, { Give street and number. } 141 Conway St.

Cause of Death, { First (Primary,) Brights Disease. / Second (Immediate,) }

Duration of Last Sickness, 9 mos.

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cemetery

Date of Burial, April 15th 1876

Undertaker, John Slacher

Place of Business, No 150 Camden

Eldridge C. Price M. D.
Medical Attendant.

Address 262. Madison Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 9246

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled* to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 15 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, April 14th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Daniel Haley

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 5 *Years,* 1 *Months,* 22 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 27 York St

Cause of Death, First (Primary,) Scrofula

Second (Immediate,) Phthisis

Duration of Last Sickness, 14 months

All the above information should be furnished by the Physician.

Place of Burial, St Pls Cemetery Thos. Cook M. D.

Date of Burial, 16 April 1876 Medical Attendant.

Undertaker, Chas. P. Reed

Place of Business, 161 Hanover St *Address* 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

No. 9147

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 15 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 14th 76

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie Eliza Reising

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* *Months,* 14 *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 490 Harford Ave

Cause of Death, First (Primary,) Simple Meningitis

Second (Immediate,)

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, St Mathai Cemty.

Date of Burial, April 15th 1876

Undertaker, H. Hofmann.

Place of Business, 63 N Eden St.

Jno. Brooke Boyle M. D.
Medical Attendant.

Address 166 E. Eager St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

No. 9218

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled* to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 5 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 13th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Percy Mathews,

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Years, 2, Months, —— Days.

Color, Black *Sex,* —

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 86 Dover St,

Duration of Residence in the City of Baltimore, 2 Mos

Place of Death, {Give street and number.} 86 Dover St

Cause of Death, First (Primary,) Pneumonia

Second (Immediate,)

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Israel Cemetery

Date of Burial, April 14 1876

Undertaker, John G Jordan

Place of Business, 63 Park Ave

J. Wm Wells M. D.
Medical Attendant.

Address N. St. Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on PACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 1249

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 15 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 14th 76

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Patrick Cunning

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, — *Years,* — *Months,* 2 hours *~~Days.~~*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 287 N Front

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 287 N. Front

Cause of Death, {First (Primary,) Unknown

{Second (Immediate,) —

Duration of Last Sickness,

All the above information should be furnished by the Physician

Place of Burial, Holy cross

Date of Burial, April 15 — 76

Undertaker, John I Rodemaker

Place of Business, N E Cor Lemmon and Arc & Monument Sts

Geo B Reynolds M. D.
Medical Attendant.

Address 314 N. Calvert

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

T Y ▲ F I L M ■

Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 9250

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 15 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 14th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Dettenthaler

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 68 *Years,* *Months,* 8 *Days.*

Color, white *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 38 years

Place of Death, {Give street and number.} No. 9. N. Chapsfield st

Cause of Death, First (Primary,) Typhus Pneumonia

Second (Immediate.)

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cem. J. G. Dausch M. D.

Date of Burial, Apr. 17th 76 Medical Attendant.

Undertaker, Michael Frame

Place of Business, Address 27 N. Broadway 60280 Eastern Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

A K S A F E T.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 9257

Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled* ... the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 15 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 13.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Knis

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 3 *Years,* — *Months,* — *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 13. Aleys alley

Cause of Death, First (Primary,) Scarlatina

Second (Immediate.) Bronchitis

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral cemetery Thurston Duke M. D.

Date of Burial, April 16 1876 Medical Attendant.

Undertaker, Charles F. Hoerle *Address* 146 Hanover St

Place of Business, 161 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 9252

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled* to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT APR 15 1876 BALTIMORE

Date of Death, April 10th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Frederick Louis Graham

Sex, Male or Female, {Cross out the word not required in this line.} .....

Age, One *Years,* Eleven *Months,* twenty-two *Days.*

Color, White *Sex,* .....

Married, Single, Widow or Widower, {Cross out the words not required in this line.} .....

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, all his life

Place of Death, {Give street and number.} 675 Aisquith St.

Cause of Death, First (Primary,) Gastric Fever

Second (Immediate,) Inflammation of Brain

Duration of Last Sickness, four days

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, April 16th 76

Undertaker, Geo. Schilling

Place of Business, cor Aisquith & Monument Sts

E. Livingston M. D.
Medical Attendant.

Address cor E. Balto. St
Balto.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

No. 9253, OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled* out, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 15 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 15. 76

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Daniel Stiltz

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ~~M.~~ 76 *Years,* ~~—~~ *Months,* ~~—~~ *Days.*

Color, White

Married, ~~Single, Widow or Widower~~? {Cross out the words not required in this line.} Married

Occupation, None of late years, formerly Carpenter

Birthplace, {State or country (~~and how long in the United States, if~~ of foreign birth.} Pennsylvania

Duration of Residence in the City of Baltimore, 50 years

Place of Death, {Give street and number.} 197 George St

Cause of Death, First (Primary,) Senile Gangrene, in left leg - Cerebral Hemiplegia for 5 or 6 years

Second (Immediate,) Exhaustion & Embolism -

Duration of Last Sickness, 3 months.

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, April 16th 1876

Undertaker, Jas Loane

Place of Business, 568 W. Balto St

W. H. Kemp M. D.
Medical Attendant.

Address 55 N. Green St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 9257

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT APR 15 1878 BALTIMORE

Date of Death, April 13.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Samuell M. Chester

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, — *Years,* 2. *Months,* 28 *Days.*

Color, Black *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death; {Give street and number.} 2 Winter St

Cause of Death, First (Primary,) cold

Second (Immediate,) Congestion of the Lungs

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery Theodore Bond M. D.

Date of Burial, April 16 Medical Attendant.

Undertaker, Hercules Ross

Place of Business, 180 Wash St *Address* 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

No. 9255

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 15 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 14th April

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Susana Watkins

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 3 *Years,* — *Months,* — *Days.*

Color, Blk *Sex,*

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, 3 yrs

Place of Death, {Give street and number.} 157 Sarah Ann St Bells

Cause of Death, {First (Primary,) Phthisis / Second (Immediate,) —

Duration of Last Sickness, 3 months

All the above Information should be furnished by the Physician.

Place of Burial, Israel Cemetery

Date of Burial, April 16 1876

{*Undertaker,* G. L. & J. Jordan / *Place of Business,* No 63 Park Ave

G L Tanyhill M. D.
Medical Attendant.

Address 129 W Biddle

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

No. 9256

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled* [illegible], to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT APR 15 1876 BALTIMORE.

Date of Death, April 13th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Willia Howard

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 2 *Years,* *Months,* *Days.*

Color, Dark brown *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 2 years

Place of Death, {Give street and number.} 73 Union st

Cause of Death, First (Primary,) Cold

Second (Immediate,) Consumption

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Lamed Cemetery

Date of Burial, 15th 1876

Undertaker, Wm D Gray

Place of Business, 65 Mulberry St. *Address* Cor Dolphin & Poplar

B F Bibler M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 9257

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled* to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT APR 5 1876 BALTIMORE.

Date of Death, April 4th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Harry Williams

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, — *Years,* 7 *Months,* *Days.*

Color, Mulatto *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} No 11 Eutaw Court Baltimore

Duration of Residence in the City of Baltimore, 1 yr

Place of Death, {Give street and number.} No 11 Eutaw Court

Cause of Death, First (Primary,) Consumption

Second (Immediate,) —

Duration of Last Sickness, Sick from birth

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 5th 1876

E Goverlock M. D.
Medical Attendant.

Undertaker, Wm J Gray

Place of Business, 65 Mulberry St *Address* 572 W Balto St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Certificate No. 9258

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

APR 15 1896 HEALTH DEPARTMENT BALTIMORE

Date of Death, April 14th 1896

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie Deitz

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 23 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth)} Bucks. Md.

Duration of Residence in the City of Baltimore, 23 years.

Place of Death, {Give street and number.} 821 N. Front St.

Cause of Death, {First (Primary,) / Second (Immediate,)} Heart Disease.

Duration of Last Sickness, 4 weeks.

All the above information should be furnished by the Physician

Place of Burial, St Alphonsus Hosp.

Date of Burial, the 16th of April

Undertaker, [illegible]

Place of Business, 311 Thirteenth St.

H. L. Spear M. D.
Medical Attendant.

Address 324 Cathedral St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...n of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

...mit No. 9259

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 15 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, April 13 1876

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mary E. Taylor

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 2 *Years,* 2 *Months,* 9 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } 672 W. Fayette st

Cause of Death, { First (Primary,) Meningitis / Second (Immediate,)

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Saint Peters Cemetary

Date of Burial, Apl 15th 1876

F. W. Wilhelm M. D.
Medical Attendant.

{ *Undertaker,* Hughes & Co
{ *Place of Business,* No 530 Fayette st *Address* 121 W. Monument st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...ers below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

...mit No. 9260

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 15 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 14th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Harriet Kelly

~~Sex, Male or~~ Female, {Cross out the word not required in this line.}

Age, 8 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

~~Married, Single,~~ Widow ~~or Widower~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} New Haven Conn:

Duration of Residence in the City of Baltimore, 70 years

Place of Death, {Give street and number.} # 614 Lexington St,

Cause of Death, {First (Primary,) Abscess of lung & old age

{Second (Immediate,)

Duration of Last Sickness, Sick about five years

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, Apr 16th 1876

Undertaker, Hughes & Co

Place of Business, # 350 Fayette St

Jas D. Lauthicum M. D.
Medical Attendant.

Address # 504 W Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...n of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9261

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 15 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, April 7th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Rosa Ulrich

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Years, 1 Months, 24 days ~~Hours~~

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt. City

Duration of Residence in the ~~City of Baltimore~~ Institution 3 week,

Place of Death, {Give street and number.} St. Vincents Infant Asylum

Cause of Death, First (Primary,) Atrophy

Second (Immediate,) Convulsions

Duration of Last Sickness, 24 hours

All the above information should be furnished by the Physician.

Place of Burial, St. Michael, Cem.

Date of Burial, April 9th 2 pm

Undertaker, H. Snyder

Place of Business, 23 E Eutaw

Marbury Brown M. D.
Medical Attendant

Address 201 N. Bidle

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. ....

...ON of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9262

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 15 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, April 14th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Anna Mary Pfifer

Sex, Male or Female, {Cross out the word not required in this line.} April 14th 1876 — Female —

Age, — 48 — *Years,* — *Months,* — — — *Days.*

Color, White

Married, ~~Single, Married, Widow, Widower,~~ {Cross out the words not required in this line.} Married

~~Occupation~~,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 37 Years

Place of Death, {Give street and number} No 117 Regulus St

Cause of Death, {First (Primary,) Phthisis Pulmonalis

{Second (Immediate,)

Duration of Last Sickness, Three Months

All the above information should be furnished by the Physician

Place of Burial, St ~~Michaels~~ Cemetery

Date of Burial, June 16th 1876

Undertaker, George Suffran

Place of Business, 121 Eden Avenue

Thomas B. Evans M. D.
Medical Attendant.

Address No 18 Jackson Square

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9263

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 15 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, April 14th 76

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } John William Ihly

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 3 *Years,* 4 *Months,* 12 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, { Give street and number. } 152 Eastern Ave

Cause of Death, { First (Primary,) Diphtheria / Second (Immediate,) Exhaustion

Duration of Last Sickness, 4 Days

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, April 16th 1876

Undertaker, Julius Koehler

Place of Business, Cor Sharp & Cross St

J. H. Wandt *M. D.*
Medical Attendant.

Address 203 N. Wondcast

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 92614

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 15 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 14th April 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Maggie S Bridge

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 6 *Years,* *Months,* *Days.*

Color, White ~~Sex,~~

~~*Married,*~~ *Single,* ~~Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Six years.

Place of Death, {Give street and number.} #347 N. Gay St.

Cause of Death, {First (Primary,) Membranous Croup

{Second (Immediate,)

Duration of Last Sickness, 40 hours.

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemty H. W. Ormsby M. D.

Date of Burial, April 16th /76 Medical Attendant.

{*Undertaker,* Geo. Schilling,

{*Place of Business,* cor Aug'n & Monument st *Address* 166 W. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

...attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9265

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 15 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Saturday April 15th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mrs Mary Woodrow

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 79 *Years,* ~~79~~ 8 *Months,* *Days.*

Color, White *Sex,* ——— Female

Married, ~~*Single,*~~ ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} New London Ct.

Duration of Residence in the City of Baltimore, 11 S High St

Place of Death, {Give street and number.} 11 S High St.

Cause of Death, {First (Primary,) Pulmonary Consumption

{Second (Immediate,) (Intercurrent Pneumonia)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, April 17th 76

Thos. B. Harrod M. D.
Medical Attendant.

Undertaker, Richard Hall

Place of Business, 233 E Balto St. *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9266

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HALL OF RECORDS
APR
1976
BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 15th of April 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lizzie Schmidt

~~*Sex, Male or* Female,~~ {Cross out the word not required in this line.}

Age, 24 *Years,* *Months,* *Days.*

Color, whit

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 24 years

Place of Death, {Give street and number.} 6 S. Chapel Ct

Cause of Death, {First (Primary.) Phthisis tuberculosa
Second (Immediate,) Marasmus

Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cem.

Date of Burial, April 17th 76

Undertaker, A. Kohler

Place of Business, 244 S Broadway Address 245 S. Eutaw street.

Fulbrecht M. D.
Medical Attendant

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 9267

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9267

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 16 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 13th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Martin Carter

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 7 years *Years,* *Months,* *Days.*

Color, col

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Dorchester Co Md

Duration of Residence in the City of Baltimore, 3 years

Place of Death, {Give street and number.} 21 Canal st to 9

Cause of Death, {First (Primary.) Second (Immediate,)} Scarlet Fever

Duration of Last Sickness, Four days

All the above information should be furnished by the Physician

Place of Burial, Greenlee

Date of Burial, April 15th

Undertaker,

Place of Business,

E. A. Baldwin M. D.
Medical Attendant.

Address 124 n Eutaw st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificat

Board of Health, City of Baltimore,

Permit No. 9218.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT APR 16 1876 BALTIMORE.

Date of Death, April 15th 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Robt: Fountain

Sex, Male or Female, {Cross out the word not required in this line.} M.

Age, 61 *Years,* *Months,* *Days.*

Color, W. *Sex,* M.

~~*Married, Single, Widow or*~~ *Widower,* {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Wilmington, Del

Duration of Residence in the City of Baltimore, 26 yrs.

Place of Death, {Give street and number.} 333 William St.

Cause of Death, {First (Primary,) Cancer / Second (Immediate.)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Bolton Cemetery

Date of Burial, April 18th 1876

H. T. Kemble M. D.
Medical Attendant.

{*Undertaker,* Thos J Hughes
Place of Business, 5th & Bolton Address 186 Augusta St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certific

Board of Health, City of Baltimore,

Permit No. 9269

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT APR 16 1876 BALTIMORE

Date of Death, April 14th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Hannah Griffin

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.} ....

Age, 50. *Years,* — *Months,* — *Days.*

Color, Black *Sex,* Female

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Cook

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 2 years

Place of Death, {Give street and number.} 46 E. Church

Cause of Death, {First (Primary,) Phthisis
Second (Immediate,)

Duration of Last Sickness, 9 months

All the above information should be furnished by the Physician.

Place of Burial, Faith Cemetery *Theodore Cook* M. D.
Medical Attendant.

Date of Burial, April 16

{*Undertaker,* Heinemann Boss
{*Place of Business,* 180 Mess St *Address* 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certi

Board of Health, City of Baltimore,

Permit No. 9270

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 16 1896 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 15th 1896

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Thos. Wilson Lee

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 76 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Coachmaker

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Millington Kent Co Md

Duration of Residence in the City of Baltimore, 60 Years

Place of Death, {Give street and number.} 40 80 N High St

Cause of Death, First (Primary,) \

Second (Immediate.) Pneumonia

Duration of Last Sickness, Three weeks

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem D. F. Coyne M. D.

Date of Burial, April 16th 1896 Medical Attendant.

Undertaker, Thos J Hughes *Address* 134 N High

Place of Business, 134 N Balto

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certi[ficate]

No. [illegible]

Board of Health, City of Baltimore,

Permit No. 9271.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT APR 15 1896 BALTIMORE

Date of Death, April 14th 1896

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Susanna Hill

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 50 *Years,* *Months,* *Days.*

Color, Black *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Washerwoman

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} No. 4. Youngs Court

Cause of Death, First (Primary.) Pneumonia (Acute Lobar)

Second (Immediate.) Asthenia

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Dallas St cemetery.

Date of Burial, April 16th 1896

Eugene F. Cordell M. D.
Medical Attendant.

Undertaker, John H. Locks

Place of Business, 513 South Wolfe St Address 55 Lexington St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Cer

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9477

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 16 1896 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 15.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George Williamson

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1/2 *Years,* 2 *Months,* 24 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 118. Johnson

Cause of Death, First (Primary,) Tuberculous Meningitis

Second (Immediate.) Hydrocephalus

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemetery

Date of Burial, April 17th 1896

Theodore Bartlo M. D.
Medical Attendant.

Undertaker, Chas. H. Heald

Place of Business, 162 Hanover St *Address* 146. Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTI

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9275.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 16 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 16th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named give names of parents.} Henry Siford

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Years, 3 Months, Days.

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth} Baltimore City

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and number.} No. 16 N. Charles St.

Cause of Death, {First (Primary,) Spasm

Second (Immediate,) Lung Affection

Duration of Last Sickness, Two Weeks

All the above information should be furnished by the Physician.

Place of Burial, Holly Tree Cemetary

Date of Burial, April 17th

W. M. Gatch M. D.
Medical Attendant.

Undertaker, H. H. Gebmayer

Place of Business, 341 Canton Ave Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this.

Board of Health, City of Baltimore,

Permit No. 92711

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 17 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, April 16th

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Louis Schmidt

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 25 *Years,* 1 *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Laborer

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Bradford County Penn

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 110 Eden bet O & Pratt

Cause of Death, { First (Primary,) Pulmonalis of the Lungs

Second (Immediate,)

Duration of Last Sickness, one Year

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel.

Date of Burial, April 17 1876.

J E Calhoun M. D.
Medical Attendant.

Undertaker, Jno Manning

Place of Business, 110 N Eden St *Address* No 230 S. Eighth

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 7

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9295

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 17 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, April 15th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James Washington Goodrick

~~*Sex, Male or Female,*~~ {Cross out the word not required in this line.}

Age, 52 *Years,* ——— *Months,* ——— *Days.*

Color, White *Sex,* male

Married, ~~*Single,*~~ *Widow or Widower,* {Cross out the words not required in this line.}

Occupation, Dept. Sheriff

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, All his life

Place of Death, {Give street and number.} 225 Hanford avenue

Cause of Death, First (Primary,) Cirhosis of liver

Second (Immediate,)

Duration of Last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, April 17th 1876

Undertaker, John. H Weaver

Place of Business, 422 W. Fayette St

I. H. Ruiler M. D.
Medical Attendant.

Address 144 Mulberry St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of th

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9276

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 17 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 16 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Harriett Coles

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 1 *Years,* 4 *Months,* 2 *Days.*

Color, Black

~~Sex,~~

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 32 Cohens alley

Cause of Death, { First (Primary,) Thrush

Second (Immediate,)

Duration of Last Sickness, 2 Wks

All the above information should be furnished by the Physician.

Place of Burial, West Lattensville

Date of Burial, April 17 1876

Undertaker, W M Perry

Place of Business, 16 Pratt St *Address*

M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

information from Mrs Bradley
in office

The special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9277

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 17 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 16. 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Infl. Julia Thomas & Wesekiah

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ____ *Years,* ____ *Months,* 6 hours ~~Days.~~

Color, Black *Sex,* ____

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ____

Occupation, ____

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} W. 2 Booth St

Cause of Death, {First (Primary,) ____ Second (Immediate,) Asthenia

Duration of Last Sickness, ____

All the above information should be furnished by the Physician.

Place of Burial, West Baltimore

Date of Burial, April 17 1876

Undertaker, J. N. C. Berry

Place of Business, 91 Pratt St *Address*

M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Information from Caroline Jones
No 10 Pe

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Cer... No. ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12978.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 17 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 14 April 76

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Roda Scarbra

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 2 *Years,* 6 *Months,* — *Days.*

Color, Blk *Sex,* Fem

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, 2 yrs 6 m.

Place of Death, {Give street and number.} 31 Moses alley

Cause of Death, First (Primary,) accidental Burning

Second (Immediate,)

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Loue Cemetery

Date of Burial, April 17 1876

Undertaker, C. W. Crane

Place of Business, [illegible]

G L Tarnphin M. D.
Medical Attendant.

Address 129 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this

Board of Health, City of Baltimore,

Permit No. 9279

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 17 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 15th 1876

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Sarah Henry

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 15 *Years,* *Months,* *Days.*

Color, Caucasian *Sex,*

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } This City

Duration of Residence in the City of Baltimore, 15 years

Place of Death, { Give street and number. } Both Gilmor & Hilton

Cause of Death, { First (Primary,) Consumption

Second (Immediate,)

Duration of Last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 19 1876

Undertaker, S H Chase

Place of Business, 16 1/2 St Howard *Address*

J. [redacted] Sinclair M. D.
532 W Lombard St Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

ttention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Cer

Board of Health, City of Baltimore,

it No. 9289.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

e Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled* the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or , if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 17 1876 BALTIMORE.

CERTIFICATE OF DEATH.

e of Death, April 15

ll Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Paul, Mabel

x, Male or ~~Female~~, {Cross out the word not required in this line.}

ge, ——— *Years,* ——— *Months,* 10 *Days.*

Color, Black, *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 33 Stockholm Sweden

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 33 Stockholm

Cause of Death, {First (Primary,) Inanition

{Second (Immediate,) Since Birth

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem. Thurston Gotta M. D.

Date of Burial, April 16 Medical Attendant.

Undertaker, J. J. Gruber

Place of Business, 146 Hanover St *Address* 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERT...

Board of Health, City of Baltimore,

Permit No. 9981.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 17 1976 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Apr. 15 th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Martha E. Collins

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, ... *Years,* 3 *Months,* ..... *Days.*

Color, Brown

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore.

Place of Death, {Give street and number.} 221 Hamburg St.

Cause of Death, {First (Primary,) ..... Second (Immediate,) Inanition

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Loudon Cem'y.

Date of Burial, Apr. 17th 1876

Undertaker, [illegible]

Place of Business, [illegible]

R. M. Hall *M. D.*
Medical Attendant.

Address 266 S. Sharp st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The special attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this.

Board of Health, City of Baltimore,

Permit No. 9282.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 17 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 16th 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Eva Smith

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, ——— *Years,* 1 Yr *Months,* ——— *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore city

Duration of Residence in the City of Baltimore, 10 Yrs.

Place of Death, {Give street and number.} # 22 S. Schroder St.

Cause of Death, First (Primary,) Pneumonia

Second (Immediate,)

Duration of Last Sickness, About one week

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, April 18th 1876

Undertaker, J. B. Cook

Place of Business, 707 W. Baltimore St. *Address*

D. G. Linncum M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this C

Board of Health, City of Baltimore,

Permit No. 9283

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT APR 17 1876 BALTIMORE

Date of Death, April 17th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sarah Roberts

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 64 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City Md. Since birth

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 213 S. Paca St.

Cause of Death, { First (Primary,) Dropsy (Genual)
Second (Immediate.) 4 months

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet cemetery

Date of Burial, April 18th 1876

Undertaker, Charles F. Herbert N. W. Cor

Place of Business, 161 Hanover St. *Address* Hanover & Barre Sts

R. C. Lee M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on Back of this Ce

Board of Health, City of Baltimore,

Permit No. 9284

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 17 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, April 16th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Hannah C. Eggers.

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 75 *Years,* *Months,* *Days.*

Color, *Sex,* Fem

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany,

Duration of Residence in the City of Baltimore, 43 yrs 6 mo,

Place of Death, {Give street and number.} 8 Ridgely

Cause of Death, First (Primary,)

Second (Immediate,) Pneumonia

Duration of Last Sickness, 3 days,

All the above information should be furnished by the Physician.

Place of Burial, Druidhill Park Cemetry

Date of Burial, April 18th 1876

Undertaker, Adam Weidemeyer

Place of Business, 518½ W. Baltimore St.

R. J. N. Tall M. D.

Medical Attendant.

Address 15-8, S. Sharp St,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Cer

Board of Health, City of Baltimore,

Permit No. 9285

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 17 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, April 15th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Joseph A Lanner

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 73 *Years,* — *Months,* ——— *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Pilot

Birthplace, {State or country (and how long in the United States, if of foreign birth.} St Marys County Md

Duration of Residence in the City of Baltimore, 60 Years

Place of Death, {Give street and number.} S W Cor of Lexington & Carrollton Avenue

Cause of Death, First (Primary,) Block of Brain

Second (Immediate,)

Duration of Last Sickness, 22 Days.

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem

Date of Burial, April 17 1876

Undertaker, Hughes & Co

Place of Business, 551 Fayette St

Coby Jones — M. D.
Medical Attendant.

Address No 530 W. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

SAFETY FI

...ention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Ce...

Board of Health, City of Baltimore,

Permit No. 9286

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last Illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 17 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 16th 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Sieber

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 62 *Years,* 11 *Months,* *Days.*

Color, *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} married

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Hessel in Kingdom of Bavaria

Duration of Residence in the City of Baltimore, 26 Years

Place of Death, {Give street and number.} 173 S Wolf Street Baltimore

Cause of Death, First (Primary,)

Second (Immediate,) Heart Disease

Duration of Last Sickness, 6 Weeks.

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel Cemty

Date of Burial, April 18th 1876

Undertaker, H. Froehlich

Place of Business, 216 Easton St *Address*

Ernst Hensel M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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KODAKS

The special attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this C...

Board of Health, City of Baltimore,

Permit No. 9287

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT APR 17 BALTIMORE

Date of Death, April 17 1876

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Sallie Underhill

Sex, ~~Male or~~ *Female,* { Cross out the word not required in this line. }

Age, 20 *Years,* 6 *Months,* 13 *Days.*

Color, White *Sex,* Female

Married, ~~Single, Widow or Widower~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } No 90 Battery Av

Cause of Death, { First (Primary,) Peritonitis

Second (Immediate,) 5 Days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Park

Date of Burial, April 18th 1876

{ *Undertaker,* Whitty Sons

{ *Place of Business,* 262 Light St

Webster & Nitle M. D.

Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9288

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 17 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 16th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Julia Watts

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, Two *Years,* Five *Months,* *Days.*

Color, Copper *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Cross St

Cause of Death, {First (Primary,) Catarrh Fever

Second (Immediate.)

Duration of Last Sickness, One Week

All the above information should be furnished by the Physician.

Place of Burial, W. Potters Field

Date of Burial, April 18 1876

Undertaker, H. H. C. Perry

Place of Business, 448 W. Pratt St

Julius Hall M. D.
Medical Attendant.

Address Southern Dispensary
45 Conway St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...ention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Cer...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9289

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 17 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, April 17th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Rosetta Barnes

~~Sex, Male~~ or *Female,* {Cross out the word not required in this line.}

Age, One *Years,* Three *Months,* Eight *Days.*

Color, Colored *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore city

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 229 S. Durham Street

Cause of Death, {First (Primary,) Bronchitis Capillaries.
Second (Immediate.)

Duration of Last Sickness, Three weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 19th 1876

Charles H. Thomas. *M. D.*
Medical Attendant.

Undertaker, John W Locks

Place of Business, 89 South Wolfe *Address* 85 East Baltimore Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...ection of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of ...

Board of Health, City of Baltimore,

Permit No. 9290

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 14th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Rebecca A Allen

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 74 *Years,* 2 *Months,* 11 *Days.*

Color, white *Sex,* female

Married, ~~Widow or Widower~~ {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore city

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} No 36 Mount Vernon Place

Cause of Death, First (Primary,) Pulmonary Congestion

Second (Immediate,)

Duration of Last Sickness, One week this day

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral Cemetery

Date of Burial, 18th April 1876

Undertaker, H.W. Deaton's Son

Place of Business, 16 Light St

Rufus Tucker M. D.
Medical Attendant.

Address 135 N Howard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certi

Board of Health, City of Baltimore,

9291
Permit No.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of such deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 18 1916 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, April 16th 1916

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Bertha Blookson

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 0 *Years,* 7 *Months,* 0 *Days.*

Color, Light Copper *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 7 Months

Place of Death, {Give street and number.} No 6 Kimball

Cause of Death, First (Primary,) Scrofulous Diathesis

Second (Immediate,) Marasmus

Duration of Last Sickness, 6 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 18 16

Undertaker, J. H. Chase

Place of Business, 1715 Hanover st

B. Fitzhugh M. D.
Medical Attendant.

Address Cor Dolphin & Fulton

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CER.

Board of Health, City of Baltimore,

Permit No. 9292

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in n last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 18 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, April 14 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Caroline Harper

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 33 *Years,* *Months,* *Days.*

Color, Col

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Seamstress

Birthplace, {State or country and how long in the United States, if of foreign birth.} Balto co md

Duration of Residence in the City of Baltimore, about 20 years

Place of Death, {Give street and number.} No 13 Hamilton st Balto

Cause of Death, {First (Primary,) / Second (Immediate,)} Hemorrhage Lungs

Duration of Last Sickness, one year

All the above information should be furnished by the Physician.

Place of Burial, Mount Lebanon

Date of Burial, April 15 76

{Undertaker, Samuel McShane

{Place of Business, 19 Lexington

J H Latham *M. D.*
Medical Attendant.

Address 23 Franklin

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of Illegitimate children.

[OVER.]

...Physicians is respectfully invited to the remarks below, and to List of Diseases on back o...

Board of Health, City of Baltimore,

Permit No. 9293

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 18 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, April 16 76

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Emma Conner

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ... *Years,* ... *Months,* ... *Days.*

Color, Colored *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Md.

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 100 Druid Hill Ave

Cause of Death, First (Primary,) ...

Second (Immediate,) Consumption

Duration of Last Sickness, 6 months & 10 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery E. Balt. Line

Date of Burial, April 18-76

M. D.
Medical Attendant.

Undertaker, [redacted] Wm H Fisher Jr

Place of Business, 100 Druid Hill Ave *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this ... No. ...

Board of Health, City of Baltimore,

Permit No. 9294

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 18 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, April 17th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ma G. Schley

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 91 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widower

Occupation, Grocer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Heidelberg

Duration of Residence in the City of Baltimore, 72 years

Place of Death, {Give street and number.} 64 S. Howard St

Cause of Death, First (Primary,) old Age

Second (Immediate.)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, April 19th 1876

Dr. Williams M. D.
Medical Attendant.

Undertaker, Henry Thacher

Place of Business, 16 Bolton St Address 121 N. Howard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of

Board of Health, City of Baltimore,

Permit No. 9295

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 18 1916 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 18th 1916

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sophia Pick

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 5 *Years,* 3 *Months,* 21 *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, 5 yrs 3 mos 21 days

Place of Death, {Give street and number.} 706 Orleans St

Cause of Death, First (Primary,) Scarlatina

Second (Immediate,) Exhaustion

Duration of Last Sickness, Eight days

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetary

Date of Burial, 19 Apr

Undertaker, Henry Hock

Place of Business, 309 Central Av.

E. Geo. Wells M. D.

Medical Attendant.

Address 1816 Monument St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9296

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 16th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Martha Wales

~~Sex, Male or~~ Female, {Cross out the word not required in this line.}

Age, *Years,* Four *Months,* *Days.*

Color, Colored *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, all her life

Place of Death, {Give street and number.} No 32 Cohens alley

Cause of Death, First (Primary,) Marasmus

Second (Immediate,) Inanition

Duration of Last Sickness, Six weeks.

All the above information should be furnished by the Physician.

Place of Burial, W. Potters Field

Date of Burial, April 18 1876.

Undertaker, M. M. C. Perry

Place of Business, 63 Saratoga and

M. D.
Medical Attendant.

Address No 16 N. Eighteenth St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Physicians is respectfully invited to the remarks below, and to List of Diseases on back

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9297

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT APR 18 1876 BALTIMORE

Date of Death, April 16th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Infant of Jos L. & Mary E. Simms

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ~~Years,~~ ~~Months,~~ 5 hours ~~Days.~~

Color, ~~Sex,~~ White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} 189 Conway St.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 189 Conway St.

Cause of Death, {First (Primary,) / Second (Immediate.)} Feeble vitality

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Louden Park

Date of Burial, Apl 18th 1876

R. C. Lee M. D.
Medical Attendant.

{*Undertaker,* J. L. Macher
Place of Business, Cor Paca & Camden} Address Hanover & Barre Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on bac

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9298

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 17th 1876

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Frank Henry

Sex, Male or Female, { Cross out the word not required in this line. }

Age, *Years,* ~~1~~ / *Months,* 9 *Days.*

Color, White *Sex,* ~~Female~~ Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Md Nr 7th Balt Cty Md

Duration of Residence in the City of Baltimore, From Con[illegible]

Place of Death, { Give street and number. } 1 W of St. Mary

Cause of Death, { First (Primary,) Res Ordinary Cholera Infan[illegible]
Second (Immediate.) Congestion after Weaning

Duration of Last Sickness, About One Week

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cem

Date of Burial, April 18th 1876

Undertaker, M A Daiger

Place of Business, 74 N Bond *Address*

M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

The Special attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back.

Board of Health, City of Baltimore,

Permit No. 9299

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 18 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 18th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Margaret Ammon

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 32 *Years,* ——— *Months,* ——— *Days.*

Color, white *Sex,* ———

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland 15 yrs

Duration of Residence in the City of Baltimore, 15 Years

Place of Death, {Give street and number.} 52 S. Durham St

Cause of Death, { First (Primary,) / Second (Immediate,) Consumption

Duration of Last Sickness, 22 months

All the above information should be furnished by the Physician.

Place of Burial, St. Patricks Cemty

Date of Burial, April 18 1876

M. D.
Medical Attendant

Undertaker, M. A Daiger

Place of Business, 74 S. Broadway *Address* Commiss of Health & Registration

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Information by M. A. Daiger Undertaker

Physicians is respectfully invited to the remarks below, and to List of Diseases on back

Board of Health, City of Baltimore,

Permit No. 9300

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 18 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 18th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Louis Edward Williams

~~Sex, Male or Female,~~ {Cross out the word not required in this line.}

Age, 6 *Years,* 3 *Months,* *Days.*

Color, ? *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, all his life

Place of Death, {Give street and number.} No 72 Cider alley

Cause of Death, First (Primary,) Scarlatina

Second (Immediate,) [redacted]

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, April 19th

Undertaker, Thomas S. Hughes

Place of Business, 160 Baltimore

M. D.

Medical Attendant.

Address No 16 Hughes

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...of Physicians is respectfully invited to the remarks below, and to List of Diseases on back.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9301

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 18 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 17 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles Blumenberg

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 10 *Years,* 5 *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 31 N Exeter

Cause of Death, {First (Primary,) Inflammatory Rheumatism
Second (Immediate,) Valvular disease of the Heart

Duration of Last Sickness, 2 or 3 years

All the above information should be furnished by the Physician.

Place of Burial, Har Sinai Cemetery

Date of Burial, April 18

{*Undertaker,* C. Hollander & Son
Place of Business, 22 N. Pratt St. *Address*

Edward D Arnold M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9302

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 17th 1876

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } James McKnight

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, 1 *Years,* 6 *Months,* *Days.*

Color, White *Sex,* Male.

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } No 164 E Pratt Balto st No.

Duration of Residence in the City of Baltimore, since Birth

Place of Death, { Give street and number. } No 164 E Pratt

Cause of Death, { First (Primary,) Inflamation of Brain

Second (Immediate,)

Duration of Last Sickness, 8 Days

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cem

Date of Burial, April 19th 10. a. m.

Undertaker, Rob B Hall

Place of Business, 223 E Balto *Address*

J Ridgway Andre *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The special attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back

Board of Health, City of Baltimore,

Permit No. 9303

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT BALTIMORE APR 18 1876

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 18 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Charles Chantler

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 17 *Years,* 6 *Months,* ——— *Days.*

Color, white *Sex,* male

~~Married,~~ Single, ~~Widow or Widower.~~ {Cross out the words not required in this line.}

Occupation, marine

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maidstone Engd 4 years

Duration of Residence in the City of Baltimore, — U. S. Naval Service

Place of Death, {Give street and number.} On Board U. S. S. S. Tuscalora in Harbor

Cause of Death, First (Primary,) Fall — Concussion of the Brain

Second (Immediate,)

Duration of Last Sickness, Sudden

All the above information should be furnished by the Physician.

Place of Burial, National Cemetery Ft McHenry

Date of Burial, April 19 1876

M. D.

Undertaker, Wendel Dehpel

Place of Business, 157 S. Bond St. *Address* Commiss of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Information by Dr Jas. Heuss Surgeon U. S. Navy

THE SPECIAL ATTENTION OF PHYSICIANS IS RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BAC...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9304

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 18th 1896

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henry Miller

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.} Male

Age, *Years,* 1 *Months* 3 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore. Life time

Place of Death, {Give street and number.} 53 South Register St

Cause of Death, {First (Primary,) Convulsions

{Second (Immediate,)

Duration of Last Sickness, Intermittent from birth.

All the above information should be furnished by the Physician

Place of Burial, St. Alphonsus

Date of Burial, April 19 1896

{*Undertaker,* Wendel Bechtel

{*Place of Business,* Bond St

D Webster Cathell M. D.
Medical Attendant.

Address 1420 Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of Illegitimate children.

[OVER.]

THE ... PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9305

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 18th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Smith

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 27 *Years,* ... *Months,* ... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Servant &c.

Birthplace, {State or country (and how long in the United States, if of foreign birth)} Baltimore

Duration of Residence in the City of Baltimore. Life time

Place of Death, {Give street and number} 336 Thames

Cause of Death, {First (Primary,) Consumption

{Second (Immediate,)

Duration of Last Sickness, Several months

All the above information should be furnished by the Physician

Place of Burial, N.E.B.G. Philda Road

Date of Burial, April 19th

Webster Clarke M. D.

Medical Attendant.

Undertaker, Angus

Place of Business, 754 N Broadway *Address* 14 E. Eut St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children

[OVER.]

...Physicians is respectfully invited to the remarks below, and to List of Diseases on back

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT BALTIMORE MD APR 19 1876

Permit No. 9306

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 15th 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary C. Jones

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Two *Years,* Nine *Months,* Twenty nine *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Infant

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Troy New York

Duration of Residence in the City of Baltimore, ~~Since birth~~ 2 years

Place of Death, {Give street and number.} Centennial House 30.32.X34.N Paca St

Cause of Death, First (Primary,) Probably a fall.

Second (Immediate,) Inflammation of the Brain

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, St Johns Church yard Waverly Baltimore Co

Date of Burial, April 18.

Undertaker, E H B. Lizars

Place of Business, 201 Penna Ave

Address 31 Penna Ave

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

THE SPECIAL ATTENTION OF PHYSICIANS IS RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9307

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 16th 1896

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary J. Burton

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ____ *Years,* 1 *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ____

Occupation, ____

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt —

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} Cor Gilmor & Presteman

Cause of Death, First (Primary,) ____

Second (Immediate,) Mal-Nutrition

Duration of Last Sickness, 1 Week

All the above information should be furnished by the Physician

Place of Burial, Loudon Park

Date of Burial, April 19

Undertaker, C H Higgins

Place of Business, 201 Pennsa

Thos. S. Latimer M. D.
Medical Attendant.

Address 248 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 9308 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 18th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} ~~Boys~~ William Roeder

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, four 4. *Years,* Six *Months,* ten *Days.*

Color, white *Sex,* male

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, lifetime

Place of Death, {Give street and number.} No 141 W Lombard St.

Cause of Death, First (Primary,) Scarlet-fever

Second (Immediate,) Diphtheritis.

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial Lyndon Park cemetery Henry Salzer M. D.

Date of Burial, April 19 1876 Medical Attendant.

Undertaker, Charles A Herold *Address* 167 W Lombard St.

Place of Business, 161 Hanover St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...ON of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9309.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 16th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Gates

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, Fifteen *Years,* *Months,* *Days.*

Color, col

~~Married~~, *Single,* ~~Widow~~ *or* ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State of country and how long in the United States, if of foreign birth} Talbot Co Md

Duration of Residence in the City of Baltimore. Six Months

Place of Death, {Give street and number} Chestnut 21 137

Cause of Death, {First (Primary.) / Second (Immediate.)} Diphtheria

Duration of Last Sickness, Three weeks

All the above information should be furnished by the Physician

Place of Burial, Scotts Church Yard

Date of Burial, April 18th

E. G. Baldwin M. D.
Medical Attendant

{*Undertaker,* / *Place of Business,*} Address 124 N. Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

(Transit 419)

[OVER.]

...PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK o...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9310

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 19 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 18th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Willie Hood

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* 3 *Months,* 2 *Days.*

Color,

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth} Balt. Md.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 88 Ramsay St.

Cause of Death, {First (Primary,) Meningitis
Second (Immediate,)

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Balto. Cem. City

Date of Burial, April 19th 1876

Undertaker, J B Cook

Place of Business, 707 West Baltimore St

H. L. Spicer *M. D.*
Medical Attendant.

Address 379 W. Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...Physicians is respectfully invited to the remarks below, and to List of Diseases on back

Board of Health, City of Baltimore,

Permit No. 9311

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
APR
1876
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 17th April 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Samuel Cresmell

Sex, Male or Female, {Cross out the word not required in this line.}

Age, *Years,* 6 *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 31 Lemon St

Cause of Death, {First (Primary,) / Second (Immediate.)} Pneumonia

Duration of Last Sickness, Nearly two weeks

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, April 19

John Hood M. D.
Medical Attendant.

Undertaker, J B Cook

Place of Business, 707 West Baltimore St *Address* 274 Hollins St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9312

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 18 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 17 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Henry Schoolden

Sex, {Cross out the word not required in this line.} Male

Age, 1 *Years,* *Months,* 27 *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Hollins Alley - No. 6

Cause of Death, First (Primary,) Scarlet Fever

Second (Immediate,)

Duration of Last Sickness, Ten days

All the above information should be furnished by the Physician.

Place of Burial, Western cemetery Geo H. Lofton M. D.

Medical Attendant.

Date of Burial, April 19

Undertaker, J B Orth

Place of Business, 707 West Baltimore St Address / Waverly Terrace

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in case of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9313

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 17th April 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles Finzel

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 3 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ———

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City.

Duration of Residence in the City of Baltimore, during lifetime.

Place of Death, {Give street and number.} Lancaster Street 89.

Cause of Death, {First (Primary.) Second (Immediate.)} Debilitas generalis.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Fellowship Cemetery

Date of Burial, 19th April 1876

Undertaker, George Fuchtel

Place of Business, Canton Road 293

William Henkel M. D.
Medical Attendant

Address S. Wolfe Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of Illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9314

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 18th April 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Emil Fenzel

Sex, Male or ~~Female,~~ {Cross out the word not required in this line.}

Age, ~~—~~ *Years,* ~~—~~ *Months,* 3 1/2 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ~~—~~

Occupation, ~~—~~

Birthplace, {State or country (and how long in the United States, if of foreign birth} Baltimore City

Duration of Residence in the City of Baltimore, during life

Place of Death, {Give street and number.} Lancaster Street No 89

Cause of Death, {First (Primary.) / Second (Immediate,)} Debilitas generalis

Duration of Last Sickness,

All the above information should be furnished by the Physician

Place of Burial, Catholic Cemet.

Date of Burial, April 16, 1876

Undertaker, Henry Frechtel

Place of Business, Canton Ave 293

William Henkel M. D.
Medical Attendant.

Address F. Wolfert. 117.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of Illegitimate children.

[OVER.]

Physicians is respectfully invited to the remarks below, and to List of Diseases on back.

Board of Health, City of Baltimore,

Permit No. 9315

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, If requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 19 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, April 19th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Eugene Wilson

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Years, 3 Months, 5 Days.

Color, Pr Sex, Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 196 McCulloh st

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 196 McCulloh st

Cause of Death, First (Primary,) Pneumonia

Second (Immediate,) Convulsions

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, 4 oclock afternoon 20th C Winslow M. D.

Medical Attendant.

Undertaker, J. H. Weaver

Place of Business, Fayette St Address 23 McCulloh st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...respectfully invited to the remarks below, and to List of Diseases on b...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9316

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 19 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, April 18th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Larina J. Holmes

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 57 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Frederick Co: Va

Duration of Residence in the City of Baltimore, about 20 years

Place of Death, {Give street and number.} 60 N. Leary

Cause of Death, First (Primary,) Gastro-Enteritis

Second (Immediate,) Diarrhoea

Duration of Last Sickness, About 8 weeks

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, April 20th 1876

N. Mathews M. D.
Medical Attendant.

Undertaker, Jas Deane

Place of Business, Balto St *Address* 146 Park Av.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Physicians is respectfully invited to the remarks below, and to List of Diseases on ba

Board of Health, City of Baltimore,

Permit No. 9317

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 19 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 18, 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Benjamin H. Hail Sutherson

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* 2 *Months,* 3 *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Worcester Co. Md.

Duration of Residence in the City of Baltimore, one year

Place of Death, {Give street and number.} 281 N. Howard St.

Cause of Death, First (Primary,) Scarlatina

Second (Immediate,)

Duration of Last Sickness, Five days

All the above information should be furnished by the Physicain.

Place of Burial, Greenmount Cemetery

Date of Burial, April 19th 1876 11 AM

S. M. Hank M. D.
Medical Attendant.

Undertaker, Henry Meyer

Place of Business, No 106 N. Howard St. *Address* 118 N. Eutaw St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

Permit No. 9318.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 19 1976 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 17th April 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Barbara Stenger

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, One year. *Years,* *Months,* *Days.*

Color, White. *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} No 35-7. Mc Donough St.

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} No 35-7. Mc Donough St.

Cause of Death, First (Primary,) Pneumonia.

Second (Immediate,) Double Pneumonia & Convulsions.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, [illegible]

Date of Burial, April 19, 1876

Undertaker, [illegible]

Place of Business, [illegible]

W C Van Bibber M. D.
Medical Attendant.

Address 47. Franklin St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...respectfully referred to the remarks below, and to List of Diseases on ba...

Board of Health, City of Baltimore,

Permit No. 9319

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 19 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, April 18 1876

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Maria Dorsten

Sex, ~~Male~~ or *Female,* { Cross out the word not required in this line. }

Age, ——— *Years,* ——— *Months,* 6 *Days.*

Color, white *Sex,* Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Balto City

Duration of Residence in the City of Baltimore, life

Place of Death, { Give street and number. } 75 Castle Street

Cause of Death, { First (Primary,) / Second (Immediate,) } Convulsions

Duration of Last Sickness, one day

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cmty

Date of Burial, April 19 1876

M. D.

~~Medical Attendant.~~

Undertaker, Henry Hoeck

Place of Business, Central Ave *Address* Commis of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Henry Hoeck Undertaker

OVER.

Board of Health, City of Baltimore,

Permit No. 9320

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT APR 19 1876 BALTIMORE

Date of Death, 18th April 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George Louis W. Sundlock

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 3 *Years,* 5 *Months,* 5 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore.

Place of Death, {Give street and number.} 278 Cross St.

Cause of Death, {First (Primary.) Scarlet Fever
Second (Immediate,) Congestion Brain

Duration of Last Sickness,

All the above information should be furnished by the Physician

Place of Burial, Baltimore Cemetery

Date of Burial, April 20 1876

Undertaker, C. F. Krause

Place of Business, 207 Hanover St

Wm. W. Hodge M. D.
Medical Attendant.

Address 201 Hanover St Baltimore Md.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

E T Y ▲ F I L M

...of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9321

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 19 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Baltimore April 17th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles Williams

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, fifty *Years,* *Months,* *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore. Continuk

Place of Death, {Give street and number.} No. B. Plum alley

Cause of Death, First (Primary,) Congestion of the Lungs

Second (Immediate,) Heamorrhage

Duration of Last Sickness, Two days

All the above information should be furnished by the Physician

Place of Burial, Laurel Cemetery

Date of Burial, April 19th 1876

Undertaker, [illegible]

Place of Business, [illegible] *Address* No 146 Hill St Baltimore Md

L. L. Dyer *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

D A K S A F E

...of Physicians is respectfully invited to the remarks below, and to List of Diseases on back.

Board of Health, City of Baltimore,

Permit No. 9324

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 19 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 18th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Edward Lyle Owens

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 1 *Years,* 11 *Months,* 4 *Days.*

Color, Colored *Sex,* Male

~~*Married,*~~ *Single, Widow or Widower,* {Cross out the words not required in this line.} Single

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 49 Braithmore St

Duration of Residence in the City of Baltimore, 1 y 11 m 4 d

Place of Death, {Give street and number.} 49 Braithmore St

Cause of Death, First (Primary,) Bronchitis

Second (Immediate.) Consumption

Duration of Last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, Mount Auburn

Date of Burial, April 20 '76

Undertaker, J. McShain

Place of Business, 191 N. Howard St Address

E. A. Gross M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Physicians is respectfully invited to the remarks below, and to List of Diseases on ba...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9323

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 18 1876

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Dora E Burkart

Sex, Male or Female, { Cross out the word not required in this line. } F

Age, 3 *Years,* 0 *Months,* 5 *Days.*

Color, W *Sex,* F

~~*Married*~~, *Single, Widow or Widower,* { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } St Mary's Ohio

Duration of Residence in the City of Baltimore, 18 Months

Place of Death, { Give street and number. } 236 N Biddle st

Cause of Death, { First (Primary,) Scarlatina
Second (Immediate,) Convulsions

Duration of Last Sickness, 14 hours

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, 20th April

C Winslow M. D.
Medical Attendant.

{ *Undertaker,* Andrew Leidy
{ *Place of Business,* 118 Druid Hill Av *Address* 23 McCulloh st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...physicians is respectfully invited to the remarks below, and to List of Diseases on ba...

Board of Health, City of Baltimore,

Permit No. 9324

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 19 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 18

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Joseph D Halliday

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* 8 *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 283 Myrtle Avenue

Cause of Death, First (Primary,) Scarlet Fever

Second (Immediate,) Congestion of Brain

Duration of Last Sickness, 6 Days

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, April 20 1876

J T Knight M. D.
Medical Attendant.

Undertaker, R. Merwick & Sons

Place of Business, N Howard St Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...respectfully invited to the remarks below, and to List of Diseases on ...

Board of Health, City of Baltimore,

Permit No. 9325 — OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled* ... the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or ..., if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 19 1876 BALTIMORE

CERTIFICATE OF DEATH.

...te of Death, April 18th 1876

...ll Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Margaret Carroll

..., ~~Male or~~ Female, {Cross out the word not required in this line.}

...ge, 31 Years, ——— Months, ——— Days.

...olor, white Sex,

...arried, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

...ccupation,

...thplace, {State or country (and how long in the United States, if of foreign birth.} Ireland unknown

...ration of Residence in the City of Baltimore, 7 years

...ace of Death, {Give street and number.} Cookie Street Locust Point

...use of Death, { First (Primary,) Child Birth / Second (Immediate.) Puerperal Fever

...ration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

...ace of Burial, Holy Cross

...te of Burial, April 20 1876

...Undertaker, Martin Clark

Place of Business, 64 E. Balto St Address

E. W. Janney M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty ... the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish ...hin forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate ...ng forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person ...ased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Physicians is respectfully invited to the remarks below, and to List of Diseases on ba...

APR 13 1876 REGISTRAR'S OFFICE

Board of Health, City of Baltimore,

Permit No. 9326

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 19 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, April 12th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Bessie Page

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 1 *Years* 6 *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Washington D.C.

Duration of Residence in the City of Baltimore, Six days.

Place of Death, {Give street and number.} 124 Druid St

Cause of Death, First (Primary,) Nausea & Vomiting

Second (Immediate,) Spasms

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Washington, D. C.

Date of Burial,

Chas. F. Fawcett M. D.
Medical Attendant.

Undertaker, J. B. Blackiston & son

Place of Business, 606 Ball St *Address* 93 Druid St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

(Francis & Co)

[OVER.

Board of Health, City of Baltimore,

Permit No. 9327

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 19 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, April 17th, 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Herman Miller

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, *Years,* *Months,* 19 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City, Md.

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} #245 Alice-Anna St.

Cause of Death, First (Primary,) A Scrofulous Cachexia

Second (Immediate,) accompanied by Internal Convulsions.

Duration of Last Sickness, Since Birth.

All the above information should be furnished by the Physician.

Place of Burial, [illegible]

Date of Burial, April 19th 1876

Undertaker, [illegible]

Place of Business, [illegible]

J. H. Rehberger, M. D.
Medical Attendant.

Address 243 Alice-Anna St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 9328 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 19 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 19th 76

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } J. ash. Amack

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, Years, Months, 3 hrs Days.

Color, White *Sex,*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Balto

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 23 Mount st

Cause of Death, { First (Primary,) Prematur 7. mos

Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, April 19 —

M. D.
Medical Attendant.

{ *Undertaker,* J. B. Blackistone & Son
{ *Place of Business,* 606 Balt st *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9329

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 19 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, April 18th City Patient

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John H[illegible]g

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 45 *Years,* *Months,* *Days.*

Color, Black *Sex,*

~~Married, Single~~, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} —

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} Univ Hospital Lombard St

Cause of Death, First (Primary,) Heart Disease

Second (Immediate,) Apnoea

Duration of Last Sickness, Three months

All the above information should be furnished by the Physician.

Place of Burial, M. Potters Field J. A. Ashby *M. D.*

Date of Burial, April 19 1876 Medical Attendant.

Undertaker, M. H. C. Penny *Address* Univ Hospital,

Place of Business, 448 W. Pratt.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9330

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 19 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, April 18th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Marcella Knight

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 3 *Years,* 11 *Months,* 18 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Lewis Annis Co. Md.

Duration of Residence in the City of Baltimore, 6 Months

Place of Death, {Give street and number.} # 292 N. Amo St.

Cause of Death, {First (Primary,) Gangrenous Sore Throat

{Second (Immediate,) Hemorrhage

Duration of Last Sickness, 7 Days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, April 20th 1876

{*Undertaker,* Henry Wilcox

{*Place of Business,* 145 N Gay St

D. A. Hartman M. D.
Medical Attendant.

Address # 305 N. Caroline St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...respectfully invited to the remarks below, and to List of Diseases on b...

Board of Health, City of Baltimore,

Permit No. 9331

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last Illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 19 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, April 18th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Carpenter

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 26 *Years,* *Months,* *Days.*

Color, white *Sex,*

Married, ~~Single, Widow or Widower.~~ {Cross out the words not required in this line.}

Occupation, Seamstress

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 541 Saratoga St

Cause of Death, First (Primary,) Consumption

Second (Immediate,)

Duration of Last Sickness, 8 months

All the above Information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery Louis Fawcett M. D.

Date of Burial, April 20 Medical Attendant.

Undertaker, J.B. Cook

Place of Business, 707 West Baltimore *Address* 93 Marshall St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Physicians is respectfully invited to the remarks below, and to List of Diseases on ba

Board of Health, City of Baltimore,

Permit No. 9332

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 19 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 19th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Rachael S. Moffett

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 44 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, ~~Single~~, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number.} 156 Columbia

Cause of Death, First (Primary,) Dropsical Effusions

Second (Immediate,) Uterine Hemorage

Duration of Last Sickness, About 3 months

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet

Date of Burial, Apl 20 1876

Undertaker, J. S. Mosher

Place of Business, 150 Camden

D. P. Hoffman *M. D.*
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 9333

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in n last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT APR 19 1876 BALTIMORE

Date of Death, April 18th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary J. Andrews

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 82 *Years,* *Months,* *Days.*

Color, White

~~*Married, Single*~~, *Widow or* ~~*Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth} Scotland

Duration of Residence in the City of Baltimore, 40 years

Place of Death, {Give street and number.} 238 Jerman St

Cause of Death, {First (Primary) Chronic Inflammation of Bowels, Second (Immediate,) Exhaustion -

Duration of Last Sickness, not known

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, April 20 1876 J. Hlowney M. D. Medical Attendant

Undertaker, John. S. Hacker

Place of Business, 150 Camden Address 76 S Paca St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...respectfully invited to the remarks below, and to List of Diseases on ba...

Board of Health, City of Baltimore,

Permit No. 9334

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 19 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, April 18th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Maria A Basford

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 75 *Years,* ——— *Months,* ——— *Days.*

Color, White *Sex,*

~~*Married, Single,*~~ *Widow* ~~or Widower~~, {Cross out the words not required in this line.}

Occupation, Lady

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Kent County Maryland

Duration of Residence in the City of Baltimore, 45 years

Place of Death, {Give street and number.} Huntingdon Avenue - near York Road

Cause of Death, First (Primary,) Lack of Innervation of Heart & Circulation

Second (Immediate.) Gradual Asphyxia due to above

Duration of Last Sickness, One month

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, April 20th 1876

Undertaker, Armstrong & Terry

Place of Business, 263 Light St

J M S Howard M. D.
Medical Attendant.

Address Huntingdon Avenue Balto Co

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...ysicians is respectfully invited to the remarks below, and to List of Diseases on ba...

Board of Health, City of Baltimore,

Permit No. 9335

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 20 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, April 19 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Hannah Buchsbaum

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 69 *Years,* — *Months,* — *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} married.

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany.

Duration of Residence in the City of Baltimore. 38 years

Place of Death, {Give street and number.} 118 Liberty

Cause of Death, First (Primary,) Diabetes Mellitus.

Second (Immediate.) (Anasarca - Otherwise)

Duration of Last Sickness, Two years.

All the above Information should be furnished by the Physician.

Place of Burial, Loyd St. Cem

Date of Burial, April 21st 1876

Abram D'Amond M. D.
Medical Attendant.

{*Undertaker,* Moses Sanford
{*Place of Business,* Gough St. *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 9336

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 20 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, April 18 1876

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Perry Curtis

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 23 *Years,* *Months,* *Days.*

Color, Colored *Sex,*

Married, ~~Single, Widow or Widower~~, { Cross out the words not required in this line. }

Occupation, Works at Livy Stable

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Unknown

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } N 4 Bethel Court

Cause of Death, { First (Primary,) / Second (Immediate,) } Sm the Effects of Syphilis

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 20th 1876

{ *Undertaker,* Thos. F. Lange

Place of Business, 20 W Baltimore St

Buckler Jones M. D.
Medical Attendant.

164 N. Howard
Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 9337

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 20 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, April 18th 76

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Geo W Tillman

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ____ *Years,* 5 *Months,* ____ *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 1 Plum Row

Cause of Death, {First (Primary.) / Second (Immediate,)} Pneumonia

Duration of Last Sickness, 7 days

All the above Information should be furnished by the Physician.

Place of Burial, Loudon County

Date of Burial, April 21 76

Undertaker, [illegible]

Place of Business, [illegible] *Address* 76 Slaughter St

M. D. Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the ...sician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight ...s after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the ...an be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and ... death, except in cases of births and deaths of illegitimate children.

[OVER.]

...remarks below, and to List of Diseases on ba...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9338

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 20 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 19th

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Edward Brown

Sex, Male or Female, { Cross out the word not required in this line. }

Age, — 0. — *Years,* 10 *Months,* — — *Days.*

Color, Col *Sex,* Mal

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } U S / Penn Brgtte

Duration of Residence in the City of Baltimore, In y Mans Count

Place of Death, { Give street and number. } Pneumonia

Cause of Death, { First (Primary,) / Second (Immediate,) } 7 days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 22 76

{ *Undertaker,* E McShane / *Place of Business,* 198 Hanover } *Address* 192 Pratt St

W M Atkin *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 9339

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 20 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, April 19th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} 1st named W. H. Riley

2d named Emma L. Riley

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, *Years,* *Months,* One *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 480 Chase St

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 480 Chase St

Cause of Death, First (Primary,) Inatural Labor

Second (Immediate,) Congestion of the Lungs.

Duration of Last Sickness, One day

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, April 20th

Undertaker, Geo Schilling

Place of Business, cor Fayette & Monument St *Address*

Milton Wright M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 9340

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 20 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 19th April '76

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mrs Mary E. Fields

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 62 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} married

Occupation, no.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 3 weeks

Place of Death, {Give street and number.} Comm'l Mar Hotel

Cause of Death, {First (Primary,) Disease of Heart

{Second (Immediate,) " "

Duration of Last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cem

Date of Burial, 23rd Apr 1876

Undertaker, Hy M. Deutrick & Son *Address* 108 Park Ave

Place of Business, 16 Light St

H. Mallon M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 9341

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 20 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 20. 11

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Wm J. Herbert

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, — *Years,* 2. *Months,* 2. *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 173. William st

Cause of Death, {First (Primary,) Congestion of the Brain
Second (Immediate,)

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemetery

Date of Burial, April 21. 1876

Thos Ardis M. D.
Medical Attendant.

{*Undertaker,* Charles F. Herold
{*Place of Business,* 161 Hanover St. *Address* 146 Hanover st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, It shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9312

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 20 1896 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 19 1896

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Bessie Hester Hunter

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 1 *Years,* 8 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 1136 Fayette

Cause of Death, {First (Primary,) Tuberculous Meningitis

{Second (Immediate,)

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician

Place of Burial, Bact Cemetery

Date of Burial, April 21st 96

Undertaker, Chas. H. Speed

Place of Business, 101 Hanover St

L. Tolle Mc. *M. D.*
Medical Attendant.

Address 151 West

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9345

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 20 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 19 1876

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Wm Enright

~~*Sex,*~~ *Male or* ~~*Female,*~~ { Cross out the word not required in this line. } Male

Age, 20 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, Stonecutter

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Ireland

Duration of Residence in the City of Baltimore, 20 yrs

Place of Death, { Give street and number. } Washington University City Ht.

Cause of Death, { First (Primary,) Phisis Pulmonalis
Second (Immediate,) Hemorrhage from Lungs

Duration of Last Sickness, 6 Weeks

All the above information should be furnished by the Physician.

Place of Burial, St Patricks cemetery

Date of Burial, April 20 1876

{ *Undertaker,* James D Byrne
Place of Business, No 69 N Front St

A. J. Wolfe *M. D.*
Medical Attendant.

Address Washington University

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 9314

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT APR 20 1876 BALTIMORE

Date of Death, April 18th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie Elizabeth Jackson

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Four *Years,* Two *Months,* eight *Days.*

Color, Light brown *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} No. 12 Biddle alley

Duration of Residence in the City of Baltimore, Four years

Place of Death, {Give street and number.} 73 Conway st.

Cause of Death, First (Primary,) Scarlet fever

Second (Immediate,)

Duration of Last Sickness, One week.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Cemetery

Date of Burial, April 19th 1876

Undertaker, Chas. C. Jones

Place of Business, 63 Lombard ave

F. B. Garner M. D.

Medical Attendant.

Address 121 Mulberry st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 9345

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last Illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 20 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 19th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Ella Gott

Sex, Male or Female, {Cross out the word not required in this line.}

Age, *Years,* 17 *Months,* *Days.*

Color, *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 43 Union St

Cause of Death, First (Primary,) Dysentery

Second (Immediate.)

Duration of Last Sickness, 2 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Balt Cemetery Geo C Gyle Coroner

Date of Burial, 20 April 3 O'clock M. D.

Medical Attendant.

Undertaker, George C Rodenmyer *Address* 229 Caroline St

Place of Business, 38 Eareon St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...carefully carried to the remarks below, and to List of Diseases on ba...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9346

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 20 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 20th 76.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John L. Welch

~~*Sex, Male or Female,*~~ {Cross out the word not required in this line.}

Age, 39 *Years,* 10. *Months,* *Days.*

Color, White *Sex,* Male

~~*Married, Single, Widow or*~~ *Widower,* {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} St. Marys Co. Md.

Duration of Residence in the City of Baltimore, 31 yrs.

Place of Death, {Give street and number.} Balto. City 141 N. Calvert St

Cause of Death, {First (Primary,) Hypertrophy of Heart with Valvular Insufficiency

{Second (Immediate,) Suddenly

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem. Jno. D. Donaldson M. D.

Date of Burial, April 21 1876 Medical Attendant.

Undertaker, Thos L. Hughes *Address* S. W. Cor. Calvert & Read Sts.

Place of Business, 111 E. Balto

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9347

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 20 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 19th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Katie Schurr

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Years, Months, Days.

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} Cor Gilmor & Prestman St

Cause of Death, {First (Primary,) Second (Immediate,)} Ileal-Nutrition

Duration of Last Sickness,

All the above information should be furnished by the Physician

Place of Burial, Fonden Park

Date of Burial, April 21

Undertaker, C. C. Blizzard

Place of Business, 201 Penna ave

Thos. S. Latimer M. D.
Medical Attendant.

Address 248 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...PHYSICIAN IS RESPECTFULLY INVITED TO THE REMARKS BELOW, and to LIST of DISEASES on ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9318

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 20 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, April 19th 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Harry Moffit

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years,* 1 *Months,* ... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt:

Duration of Residence in the City of Baltimore. Life

Place of Death, {Give street and number.} Cor Gilmor & Prestman

Cause of Death, First (Primary,) ...

Second (Immediate,) Mal-nutrition

Duration of Last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, April 21

Thos. F. Latimer M. D.
Medical Attendant.

Undertaker, C H Blizzard

Place of Business, ~~C H Blizzard~~ Penn ave

Address 218 Meadison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...of Physicians is respectfully invited to the remarks below, and to List of Diseases on b...

Board of Health, City of Baltimore,

Permit No. 9319 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 20 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, ~~April~~ May 20, 1876. *Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary A. Mrs ~~John~~ A. Foster

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 23 *Years,* 11 *Months,* 11 *Days.*

Color, White *Sex,*

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 18 S. Calhoun St.

Cause of Death, { First (Primary,) Consumption of the Lungs
Second (Immediate,)

Duration of Last Sickness, Three Years.

All the above information should be furnished by the Physician.

Place of Burial, Salem, Fayquier Co. Va W. T. Howard M. D.

Date of Burial, April 21st 1876 Medical Attendant.

{ *Undertaker,* John L. Weaver.
{ *Place of Business,* # 22 W. Fayette St. Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Transit 4-2-2

[OVER.

...previously married to the remarks below, and to List of Diseases on

Board of Health, City of Baltimore,

Permit No. 9350

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 20 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 19th 76

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents } Adam Leybold

Sex, Male or Female, { Cross out the word not required in this line. } .....

Age, 66 *Years,* ..... *Months,* ..... *Days.*

Color, White *Sex,* Male

Married, ~~Single, Widow or Widower~~, { Cross out the words not required in this line. }

Occupation, Baker

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Bavaria (Germany)

Duration of Residence in the City of Baltimore, about 25 years

Place of Death, { Give street and number. } 149 Lombard St

Cause of Death, { First (Primary,) ..... Second (Immediate,) Consumption

Duration of Last Sickness, (5 or 6 years) a week confined to bed

All the above information should be furnished by the Physician.

Place of Burial, Bel Cemetery

Date of Burial, April 21st 76

W. Hess M. D.
Medical Attendant.

Undertaker, Wm Snider

Place of Business, 251 Canton Av. *Address* 95 S. Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 9357

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 21st 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Martha Bockelman.

Sex, Male or Female, {Cross out the word not required in this line.} Female —

Age, Six *Years,* four *Months,* — *Days.*

Color, White —

~~*Married*~~, *Single, Widow or Widower,* {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 11 Pamplin Court

Cause of Death, {First (Primary,) Tubercle of Lung + Bowels

Second (Immediate,) do do

Duration of Last Sickness, about one months

All the above information should be furnished by the Physician.

Place of Burial, Evergreen Lutheran Church Geo. A. Abrahams *M. D.*

Date of Burial, April 22nd 76 Medical Attendant.

Undertaker, Thos J Hughes

Place of Business, 60 & Balto *Address* 86 S. Forrest St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 9352

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 19 - 1876

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents } Annie Caudy Scott

Sex, Male or Female, { Cross out the word not required in this line. } f

Age, 7 *Years,* *Months,* *Days.*

Color, colored *Sex,*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } 8 Wales court

Cause of Death, { First (Primary,) Presumably "Tabes mesenterica" - I saw
Second (Immediate,) this child but once four days pre-

Duration of Last Sickness, = ceding death

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 21. 76

{ *Undertaker,* H. Hill - Grace
{ *Place of Business,* 191 W Howard st

R E Atkinson M. D.
Medical Attendant.

Address 209 W. Biddle St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9353

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 20 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Emma Hoch

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Years, Eleven [illegible] Days.

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 527 W Balto St

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 527 W Balto St

Cause of Death, First (Primary,) Pneumonia

Second (Immediate,)

Duration of Last Sickness, Eleven Days

All the above information should be furnished by the Physician.

Place of Burial, Cemetery Hebrew Society

Date of Burial, April 21st 1876

E Gover, Cor M. D.
Medical Attendant.

Undertaker, Hertz

Place of Business, W. Balto St. *Address* 512 W Balto St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9357

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 21 — 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} May Ann Richardson

Sex, Male or Female, {Cross out the word not required in this line.} —

Age, 56 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 40 Years

Place of Death, {Give street and number.} 202 East Ave

Cause of Death, {First (Primary,) / Second (Immediate,)} Carbuncle

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Balti Cemetery

Date of Burial, April 22nd 1876

{*Undertaker,* Knights & Co.
Place of Business, 65 S. Broadway

Buckler Jun M. D.
Medical Attendant.
164 N. Howard St
Address also Persons Smith

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 9353 — OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 20th 1896

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Jones

Sex, Male or Female {Cross out the word not required in this line.}

Age, 6 *Years,* 4 *Months,* 1 *Days.*

Color, Black *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Lexington Va

Duration of Residence in the City of Baltimore, 2 years

Place of Death, {Give street and number.} 9 Thompson St

Cause of Death, First (Primary,) Scrofulosis

Second (Immediate,) Tuberculosis of Brain

Duration of Last Sickness, four months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem'y

Date of Burial, April 21st 96

Undertaker, Wm. A. Rogers

Place of Business, 1128 East St.

E. E. Jordan *M. D.*
Medical Attendant.

Address 134 N. High St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

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Board of Health, City of Baltimore,

Permit No. 9356 — OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 21st 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Gillen

Sex, Male or Female, {Cross out the word not required in this line,} Male

Age, 9 *Years,* *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth} Balto —

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} St Agnes Hospital

Cause of Death, {First (Primary,) Pulmonary Consumption

{Second (Immediate,)

Duration of Last Sickness, Six months

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cemetery

Date of Burial, 24 - Hours 5 Oclock

Undertaker, George C. Roderman

Place of Business, 38 Eager St

Edwd F. Muehrman M. D.
Medical Attendant.

Address 279 N. Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

S A F E T Y

Board of Health, City of Baltimore,

Permit No. 9357 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 19th 1876

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Joseph Bracken

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 6 *Years,* 1 *Months,* 9 *Days.*

Color, *Sex,* Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, { Give street and number. } 58 Potter

Cause of Death, { First (Primary,) Scarlet Fever / Second (Immediate,) Toxaemia

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, St Peters

Date of Burial, 21 April

Undertaker, J B Cook

Place of Business, 109 West Baltimore

W. H. Gallman M. D.
Medical Attendant.

Address 166 S. Paca St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

KODAK

Board of Health, City of Baltimore,

Permit No. 9358

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 21 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, April 20.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary F. Lane

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, — *Years,* — *Months,* 2 *Days.*

Color, Cold *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Since Birth

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 9. Camden Lane.

Cause of Death, First (Primary,) Hemorhage of the Umbilical Cord.

Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 21 1876

Undertaker, John C Gordon

Place of Business, 63 Park Ave

by Thos Bond M. D.
Medical Attendant.

Address 146. Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9339

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT APR 21 1876 BALTIMORE.

Date of Death, April 21. 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Guy Wright

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, One Years, One Months, Twenty one Days.

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth} Queen Annes Co.

Duration of Residence in the City of Baltimore, ~~4 Mos~~ 4 Mos

Place of Death, {Give street and number} # 192 Aisquith St.

Cause of Death, {First (Primary.)} Gangrenous Sore Throat

{Second (Immediate,)} Septicaemia

Duration of Last Sickness, 3 Days.

All the above information should be furnished by the Physician

Place of Burial, Loudon Park Cemetery

Date of Burial, April 22d 1876

{*Undertaker,* Henry K. Mears

{*Place of Business,* 415 N Gay St

A. Hartman M. D.
Medical Attendant.

Address # 305 N. Caroline

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9360

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 21 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 18th 11 P.M.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Virginia L. Layton

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 4 *Years,* 2 *Months,* 5 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 128 N Wolfe St

Cause of Death, {First (Primary,) Scarlet Fever

Second (Immediate,)

Duration of Last Sickness, Fourteen days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, April 23

C. R. Shortz, 511 Linden Ave *M. D.*
Medical Attendant

Undertaker, Murphy

Place of Business, 84 N Broadway *Address* 117 N 21 St Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9341.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 21 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 20 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ella A. Denny

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 1 *Years,* 1 *Months,* 22 *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, 3 weeks

Place of Death, {Give street and number.} 13 N Monroe St

Cause of Death, {First (Primary.) Scarlatina Maligna

Second (Immediate,)

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician

Place of Burial, western cemetry

Date of Burial, April 22 76

{*Undertaker,* Hughes & Co

Place of Business. 550 Fayett st

John. L. A. Kozel *M. D.*
Medical Attendant.

Address City

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 9362

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT BALTIMORE APR 25 1876

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if required so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 21st April 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ana Maria Schneider

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 4 *Months,* 8 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore.

Place of Death, {Give street and number.} E. Biddle st 231.

Cause of Death, {First (Primary,) / Second (Immediate,)} Pneumonia

Duration of Last Sickness, 4 Days.

All the above information should be furnished by the Physician.

Place of Burial, St Matthews Centre

Date of Burial, April 23 1876

Undertaker, Henry Hoch

Place of Business, 309 Central Ave

Address [illegible] Hoffman M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

DEPARTMENT OF HEALTH APR 21 1876 BALTIMORE

Permit No. 9363

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 20th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John P Gordan Colored

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, Forty three *Years,* Three *Months,* *Days.*

Color, Dark

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Undertaker

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number.} At 65 Park St

Cause of Death, {First (Primary,) Throat Consumption
Second (Immediate,)}

Duration of Last Sickness, About four Months

All the above information should be furnished by the Physician

Place of Burial, Laurel Cemetery

Date of Burial, 22 d Apr 1876

Undertaker, Hamm Kuhns & Son

Place of Business, 16 Light St

P L Thom M. D.
Medical Attendant

Address 37 Madison Pl.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 9364

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of such deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 21 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 19th April 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Susan Stewart

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 64 *Years,* ——— *Months,* ——— *Days.*

Color, C

~~Sex,~~

~~Married~~, *Single,* ~~Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto Co.

Duration of Residence in the City of Baltimore, 58 years.

Place of Death, {Give street and number.} 33 Lavens Alley

Cause of Death, {First (Primary,) Organic Disease Heart

Second (Immediate,)

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, Harf & Cemetery

Date of Burial, April 21st 1876

Undertaker, Wm James Gray

Place of Business, 65 Mulberry St

W. D. Owings M. D.

Medical Attendant.

Address 166 N. Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9365

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 21st 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George Demitt Allen.

~~*Sex*~~, *Male* ~~*or Female*~~, {Cross out the word not required in this line.}

Age, 3 *Years,* 10 *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Bath, Long Island, N. York.

Duration of Residence in the City of Baltimore, Seven months.

Place of Death, {Give street and number.} No 79 N. Liberty Street

Cause of Death, {First (Primary,) Scarlatina Anginosa

{Second (Immediate.) Laryngitis, from extension of the Pharyngeal inflammation

Duration of Last Sickness, Seven days

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet

Date of Burial, April 21st 1876

{*Undertaker,* Wm. H. Hickman.

{*Place of Business,* 234 N. Gay St.

G. Tarr *M. D.*
Medical Attendant.

Address No 16 N. Liberty Street,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9366

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 22 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 21 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Stroh

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 3 *Years,* 4 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth)} Baltimore

Duration of Residence in the City of Baltimore, Always

Place of Death, {Give street and number} 35 Ridgely St

Cause of Death, {First (Primary,) Scarlatina
Second (Immediate,) Laryngeal inflammation}

Duration of Last Sickness, Five weeks

All the above Information should be furnished by the Physician

Place of Burial, Baltimore Cemetery

Date of Burial, April 22 d.

Undertaker, Henry Brill

Place of Business, Henrietta St 81

Wm M Kemp M. D.
Medical Attendant.

Address 53 Wayne St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9367

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 22 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 21.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James L. Gallagher

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 8 *Months,* 17 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 122 Pearl St.

Cause of Death, First (Primary,) Congestion of the Lungs

Second (Immediate,) Tubercular Meningitis

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, April 22

W Theodore Cook M. D.
Medical Attendant.

Undertaker, Peter Kimmel

Place of Business, 511 Mulberry St. *Address* 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9368

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 22 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 20th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Louisa Slater.

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 41. *Years,* *Months,* *Days.*

Color, Mulatto *Sex,* Female.

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 41 years

Place of Death, {Give street and number.} Baltimore 1 Jackson Place

Cause of Death, First (Primary,) Hypertrophy Disease of Brain.

Second (Immediate,) Insanity & Paralysis

Duration of Last Sickness, 3 Months

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, April 23rd 1876

Undertaker, R Kennedy & Son

Place of Business, 92 N Howard St

Wm. H. Hopkins M. D.
Medical Attendant.

Address 141 St Paul St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9369

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 22 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 20th 76

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Josias Woods

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 58 *Years,* 4 *Months,* 6 *Days.*

Color, White *Sex,*

Married, ~~Single,~~ ~~Widow~~ or Widower, {Cross out the words not required in this line.}

Occupation, Saddler

Birthplace, {State or country (and how long in the United States, if of foreign birth.} New Windsor Carroll Co. Md

Duration of Residence in the City of Baltimore, 11 years

Place of Death, {Give street and number.} 425 Lexington st

Cause of Death, First (Primary,) Cancer. Scirrhus (Scirrhus) of Stomach

Second (Immediate,)

Duration of Last Sickness, 3 Months

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem. J. Fulton M. D.

Date of Burial, April 23d 1876 Medical Attendant.

Undertaker, Fred Ihrs *Address* 582 W Lombard st

Place of Business, 1486 Druid Hill Avenue

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 9370

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT APR 22 1876 BALTIMORE

Date of Death, April 21st 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lillie Shumway

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ____ *Years,* 2 *Months,* ____ *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number.} No 250 North Eden Street

Cause of Death, First (Primary,) Teething

Second (Immediate,) Congestion of the brain

Duration of Last Sickness, About one week

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, April 23d 1876

Milton A. Taylor *M. D.*

Medical Attendant.

Undertaker, Geo. Schilling

Place of Business, cor Sing[illegible] & Monument sts *Address* 100 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 9371 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 22 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 21

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Wm H Schroeder

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 12 *Years,* 4 *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Philadelphia

Duration of Residence in the City of Baltimore, About Two Years.

Place of Death, { Give street and number. } 52 Josephine

Cause of Death, { First (Primary,) Compound Dislocation wrist Said
Second (Immediate,) Tetanus

Duration of Last Sickness, 14 Days

All the above information should be furnished by the Physician.

Place of Burial, Mt. Carmel Cemetery

Date of Burial, April 23rd 1876

Undertaker, F. N. Poll

Place of Business, 90 S. Howard St

T. T. Knight M. D.
Medical Attendant.

Address No 112 N. Gay St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 9372 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 22 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, ~~131 German Street~~ 21th April

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Robert Koch

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, Years, 6 Months, Days.

Color, white *Sex,* male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 131 German Street

Cause of Death, First (Primary,) Gastrointestinal catarrh

Second (Immediate,) Convulsions

Duration of Last Sickness, six weeks

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery.

Date of Burial, April 23rd 76

L. F. Reinhard M. D.
Medical Attendant.

Undertaker, F. N. Toll

Place of Business, 90 S. Harvard St. Address 224 W Fayette Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...respectfully invited to the remarks below, and to List of Diseases on ...

Board of Health, City of Baltimore,

Permit No. 9373.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT APR 22 1876 BALTIMORE

Date of Death, April 21 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Blanche [illegible]

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 3 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 931 N Caroy St

Cause of Death, {First (Primary,) Cerebro Spinal Meningitis

Second (Immediate.) Pneumonia

Duration of Last Sickness, 3 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Cathedral

Date of Burial, April 22

{*Undertaker,* Wm M. Leonard & Son

Place of Business, 78 N Baltimore

Address 243 N Eutaw St

[illegible] M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9374

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT APR 22 1876 BALTIMORE.

Date of Death, April 22 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Richard Ritter

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 5 *Years,* 2 *Months,* *Days.*

Color, White

Married, ~~Single~~, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, No occup

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, 1 year

Place of Death, {Give street and number.} 167 Exeter st Balto

Cause of Death, First (Primary,) old age

Second (Immediate,) pneumonia

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician

Place of Burial, Rid. g. Greenhouse Balto Co

Date of Burial, April 24 1876

Undertaker, Geo. C. Rotermund

Place of Business, 38 Exeter St

I H Pattison M. D.
Medical Attendant.

Address 28 Franklin St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...respectfully invited to the remarks below, and to List of Diseases on ...

Board of Health, City of Baltimore,

Permit No. 9875.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 22 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 22d 1876 Eighteen hundred and Seventy-Six

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} J. Harry Barnes

Sex, Male or ~~Female,~~ {Cross out the word not required in this line.} Male

Age, Nineteen *Years,* —— *Months,* —— *Days.*

Color, White *Sex,*

~~Married,~~ Single, ~~Widow or Widower,~~ {Cross out the words not required in this line.} Single

Occupation, Drug clerk

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Havre de Grace Md

Duration of Residence in the City of Baltimore, Three Years

Place of Death, {Give street and number.} # 1 South Exeter St

Cause of Death, {First (Primary,) Typhoid Fever
Second (Immediate,)

Duration of Last Sickness, Twenty Six days 1/26

All the above information should be furnished by the Physician.

Place of Burial, ~~Havre de Grace~~ E. E. Cooke M. D.
Medical Attendant.

Date of Burial, April 22nd 76

Undertaker, Thos P Hughes

Place of Business, 111 E Balto Address 179 E Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Havre de Grace 4/28

Board of Health, City of Baltimore,

Permit No. 9376

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physicinn who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT APR 22 1876 BALTIMORE.

Date of Death, April 21st 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Ann Mills

Sex, Male or Female, {Cross out the word not required in this line.} ....

Age, *Years,* 6 *Months,* 7 *Days.*

Color, Black *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore, Whole life

Place of Death, {Give street and number.} 28 Vincent St

Cause of Death, First (Primary,) Pneumonia

Second (Immediate,) Asphyxia

Duration of Last Sickness, Three weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 23 76

Undertaker, J M C Chase

Place of Business, 48 S Howard st

M. D.

Medical Attendant.

Address James Berry M D.
345 76 Collins St Balto

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 9277.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT APR 22 1876 BALTIMORE

Date of Death, April 21 ⁄⁄

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mrs Sharon Dairon

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 43 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Milliner

Birthplace, {State or country (and how long in the United States, if of foreign birth.} France

Duration of Residence in the City of Baltimore, ——

Place of Death, {Give street and number.} Univ Hospital Lombard st.

Cause of Death, {First (Primary,) Heart Disease / Second (Immediate,) Apnoea

Duration of Last Sickness, 4 Days

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery J. A. Ashby M. D.

Date of Burial, Medical Attendant.

{*Undertaker,* George C Rödemyer Address

{*Place of Business,* No 34 Exeter St- Resident Physician

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9378.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 22 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Apr 20th 76

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Elizabeth Sothern

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, *Years,* *Months,* 7 *Days.*

Colored *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 19 Bruce st

Duration of Residence in the City of Baltimore.

Place of Death, {Give street and number.} 19 Bruce

Cause of Death, First (Primary,) Seen after death by undersigned.

Second (Immediate,) Said to have died from Spasms

Duration of Last Sickness, Said to have been 48 hours

All the above information should be furnished by the Physician.

Place of Burial, St Peters cemetery

Date of Burial, April 22nd 1876

Geo D. Dare M. D.
Medical Attendant.

Undertaker, J. B. Cook

Place of Business, No 767 W Baltimore St *Address* 91 Frederick Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Physicians is respectfully invited to the remarks below, and to List of Diseases on

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9379

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
APR 22
1876
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 22 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ann M Davis

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 75 *Years,* *Months,* *Days.*

Color, Colored *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Nurse

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, All Time

Place of Death, {Give street and number.} No 23 Bath St

Cause of Death, First (Primary,) Dropsy

Second (Immediate,)

Duration of Last Sickness, 3 months.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 23 76

Undertaker, S W Chase

Place of Business 191 Howard ave

H Hewett M. D.
Medical Attendant.

Address No 23 Bath St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...Physician is respectfully invited to the remarks below, and to List of Diseases on ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9380.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTRAR'S DEPARTMENT APR 22 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Friday 10½ P.M. April 20

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mark Whitehill

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.} Female

Age, 85 *Years,* ——— *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} married

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 25 years.

Place of Death, {Give street and number.} 119 S. Broadway

Cause of Death, First (Primary,) apoplexy

Second (Immediate.)

Duration of Last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, Lloyd St Cemetery Henry B Arnold M. D.

Date of Burial, April 25th 1876 Medical Attendant.

Undertaker, W. Longcope

Place of Business, 87 Lough St *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...physicians is respectfully invited to the remarks below, and to List of Diseases on ...

Board of Health, City of Baltimore,

Permit No. 9381.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 22 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, April 20th 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Parker

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 38 *Years,* *Months,* *Days.*

Color, C *Sex,* F.

~~*Married, Single,*~~ *Widow* ~~*or Widower*~~, {Cross out the words not required in this line}

Occupation, Washing

Birthplace, Balt

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 74 S. Bethel St

Cause of Death, {First (Primary,) Dyspepsia / Second (Immediate,) Haemoptysis

Duration of Last Sickness, 6 wks.

All the above information should be furnished by the Physician.

Place of Burial, Dallas ... Cemetery

Date of Burial, April 22 ...

H. T. Reynolds M. D.
Medical Attendant.

Undertaker, John W. Locke

Place of Business, 59 South ... *Address* Eastern Dispensary

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore.

Permit No. 9382

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 22 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, April 20th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Taylor

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 12 *Years,* *Months,* *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Bricklayer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, 50 years

Place of Death, {Give street and number.} No 6 Oxford st

Cause of Death, {First (Primary,) / Second (Immediate,)} Hemorrhage of Lungs

Duration of Last Sickness, a few minutes

All the above information should be furnished by the Physician

Place of Burial, Laurel Cemetery

Date of Burial, April 23d 1876

Undertaker, Wm James Gray

Place of Business, 65 Mulberry st

Carl Otto Lehmann M. D.,
Medical Attendant

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children

[OVER.]

Board of Health, City of Baltimore,

Permit No. 9285. OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT APR 22 1876 BALTIMORE

Date of Death, April 22 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Joseph Deiter

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 50 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, ~~Single, Widow or~~ Widower, {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Bayern

Duration of Residence in the City of Baltimore, 9 yrs

Place of Death, {Give street and number.} St Lukes Hospital

Cause of Death, {First (Primary,) Cancer Intestines

{Second (Immediate,) Exhaustion

Duration of Last Sickness, 8 months

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet

Date of Burial, April 23 1876

Undertaker, Hy Schuchhues

Place of Business, Monument St

Oscar Kelly M. D.
Medical Attendant.

Address 188 N Caroline St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish hin forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate ng forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person ed, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9384

The Physician who attended any person in a last Illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 22 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, April 20th 1876

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } [illegible]

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 55 *Years,* — *Months,* — *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Carpenter

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Ireland

Duration of Residence in the City of Baltimore, 20 years

Place of Death, { Give street and number. } 120 Gilmor St

Cause of Death, { First (Primary,) Phthisis Pulmonalis
Second (Immediate,) Dysentery

Duration of Last Sickness, 7 days

All the above Information should be furnished by the Physician.

Place of Burial, St Patrick's Cemetery

Date of Burial, April 23 1863

{ *Undertaker,* James D Byrne
{ *Place of Business,* No 63 N Front St

E. Coffin M. D.
Medical Attendant.

Address 187 N Eighth St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9385

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT APR 22 1876 BALTIMORE

Date of Death, April 21st 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Tina Riley

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Years, Months, 10 Days.

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt Md.

Duration of Residence in the City of Baltimore.

Place of Death, {Give street and number.} 3 St. Caroline St.

Cause of Death, {First (Primary,) Tetanus} {Second (Immediate,) Contraction}

Duration of Last Sickness, Three days

All the above information should be furnished by the Physician

Place of Burial, Laurel Cemetery

Date of Burial, April 22nd 1876

{*Undertaker,* Wm. H. Lange} {*Place of Business,* 1[illegible] Fell St.}

Address Balto Md. M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...respectfully invited to the remarks below, and to List of Diseases on b...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9381

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 22 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, April 21st 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Mary Elizabeth Brown

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* 4 *Months,* 0 *Days.*

Color, Colored. *Sex,* female

~~*Married*~~, *Single, Widow or Widower,* {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} No 72 N. Ann St. Balto md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 72 N. Ann St.

Cause of Death, First (Primary,) Capillary Bronchitis

Second (Immediate,) Asphyxia

Duration of Last Sickness, 6 Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 24th 1876

Undertaker, Wm. A. Lange

Place of Business, 110 N. Eutaw St

Francis A Dunn M. D.
Medical Attendant.

Address 133 Lafayette

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 9387

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 22 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 21st 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George W. Hamilton

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Years, Seventeen Months, Days.

Color, Brown *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 22 Short St

Cause of Death, First (Primary,) Acute Bronchial Catarrh,

Second (Immediate,) Phthisis.

Duration of Last Sickness, Six Weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 22nd 1876

Undertaker, William L. Lyon & Co.

Place of Business, No 114 Eo. Fayette St

Whitefield Wilson, *M. D.*
Medical Attendant.

Address 136 E. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9388.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 22 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, April 20th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James Rush

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 2 yrs *Years,* five *Months,* *Days.*

Color, Colored *Sex,* male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, none

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt Md.

Duration of Residence in the City of Baltimore, Always

Place of Death, {Give street and number.} 118 E. Monument st

Cause of Death, First (Primary,) Scarlet Fever

Second (Immediate,) Dropsy

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery *John Hommer* M. D.

Date of Burial, April 22nd 1876 Medical Attendant.

Undertaker, W. & J. Dunger

Place of Business, 14 & 16 East St. *Address* 286 E. Balt st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9389

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 22 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, April 21 1876

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Albert Henry, Bush

Sex, Male or Female, { Cross out the word not required in this line. }

Age, [illegible] *Years,* [illegible] *Months,* 21 *Days.*

Color, B *Sex,* M

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } 79 N Wolfe Balto

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, { Give street and number. } 79 N Wolfe St Balto

Cause of Death, { First (Primary,) Stomatitis / Second (Immediate.) }

Duration of Last Sickness, Since Birth

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cemetery J. Ridgway Andre M. D.

Date of Burial, April 22 d. Medical Attendant.

Undertaker, Hamlin Dippel

Place of Business, 1. Bond st 151 *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9390

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 22 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, April 22nd 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ann B. Frazier,

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, Eighty five *Years,* *Months,* *Days.*

Color, White *Sex,* Female,

~~*Married*~~, ~~*Single*~~, *Widow* ~~or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Dorchester County Md.

Duration of Residence in the City of Baltimore, Sixty Years.

Place of Death, {Give street and number.} No 33 S. Ann st

Cause of Death, {First (Primary,) / Second (Immediate,)} Paralysis,

Duration of Last Sickness, Two days.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, April 24

Nicholas L. Sothill, M. D.
Medical Attendant.

{*Undertaker,* Armsby
Place of Business, 32 N Broadway} *Address* 207 S. Broadway,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

F E T Y ▲ F I L

Board of Health, City of Baltimore,

Permit No. 9391

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 23 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 21st 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Emma Rosenthal

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 32 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, ~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Braunschweig

Duration of Residence in the City of Baltimore, 26 Years

Place of Death, {Give street and number.} 116 S. Stanford.

Cause of Death, First (Primary,) Phthisis pul.

Second (Immediate,) Exhaustion.

Duration of Last Sickness, Nine years.

All the above information should be furnished by the Physician.

Place of Burial, Old St. Peters Cemetery

Date of Burial, April 23d 1876

Undertaker, Charles H. Arnold

Place of Business, 161 Eastern Av *Address*

Christopher Johnston M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

KODAK SAFETY FILM

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9392

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE APR 23 1876

CERTIFICATE OF DEATH.

Date of Death, April 22d 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Heinrich Edward Müller

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 3. *Years,* 10. *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Grocery Store

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 665 Pennsylvania Ave,

Cause of Death, First (Primary,) Scarlatina

Second (Immediate,)

Duration of Last Sickness, 1. Day

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem

Date of Burial, April 25th

Undertaker, C. Wiegand

Place of Business, 53 Druid Hill Ave *Address*

Geo. M. Scott M. D.
Medical Attendant.
88 E. Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES [illegible]

Board of Health, City of Baltimore,

Permit No. 9393

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 23 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 22nd 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Gisriel

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ____ *Years,* ____ *Months,* 7 *Days.*

Color, White

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country (and how long in the United States, if of foreign birth} 527 Light

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 527 Light st

Cause of Death, First (Primary,) ____ Second (Immediate,) Cyanosis.

Duration of Last Sickness, ____

All the above information should be furnished by the Physician.

Place of Burial, Catholic

Date of Burial, April 24th 76

Undertaker, Armstrong & Penny

Place of Business, 263 Light st *Address* 14 Hanover st

Geo. H. Dinsmore M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9391

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE APR 23 1876

CERTIFICATE OF DEATH.

Date of Death, April 22d 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John E Evans

Sex, Male or Female, {Cross on the word not required in this line.}

Age, 29 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Brass worker

Birthplace, {State or country (and how long in the United States, if of foreign birth.} N. S. America

Duration of Residence in the City of Baltimore, about 10 years

Place of Death, {Give street and number.} No 8 Hair St

Cause of Death, First (Primary,) The Cause of death was the

Second (Immediate,) loss of both legs being cut off

by P. W. & B. Rail Road at or near Bowl

Duration of Last Sickness, 2½ hours

All the above information should be furnished by the Physician.

Place of Burial, St Patricks Ch

Date of Burial, April 23" 1876

{*Undertaker,* Hughes & Co

Place of Business, 65 S. Broadway

E Jay Williams M. D.

Medical Attendant.

Address 453 E Balt St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...ers below, and to List of Diseases ...

Board of Health, City of Baltimore,

Permit No. 9395

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 23 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 22nd 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Ann Meehan

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 52 *Years,* ——— *Months,* ——— *Days.*

Color, White *Sex,* Female

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, House keeper

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Glasgow, Scotland.

Duration of Residence in the City of Baltimore, Forty four years

Place of Death, {Give street and number.} 198 N. Eden st.

Cause of Death, {First (Primary,) Chronic ulcer of Stomach.
{Second (Immediate.)

Duration of Last Sickness, about five months

All the above information should be furnished by the Physician.

Place of Burial, Holy cross cemetery

Date of Burial, April 24th 1876

{*Undertaker,* James D Byrne
{*Place of Business,* N° 63 n Eden St

John F. Monnemeier M. D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

...pecially attention to the remarks below, and to List of Diseases on...

Board of Health, City of Baltimore,

Permit No. 9396 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 23 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 22 April

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles Hasbee

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, 3 *Years,* 5 *Months,* 14 *Days.*

Color, white *Sex,* male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 24 N. Strikes Street

Cause of Death, First (Primary,) Scarlet fever

Second (Immediate,) Convulsions

Duration of Last Sickness, 1 day

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, 24 April 1876

S. T. Reinhard M. D.
Medical Attendant.

Undertaker, Andrew Lutz

Place of Business, 118 Druid Hill Ave *Address* 228 W Fayette Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 7397

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 23 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 20 1876

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Edward Linby

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Four Years, *Months,* 4 *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Servant

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, All his life

Place of Death, { Give street and number. } 29 S. Caroline Ave.

Cause of Death, First (Primary,) Consumption

Second (Immediate,)

Duration of Last Sickness, Two Years

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cemetery E. Loudon Park

Date of Burial, April 23rd 1876 1

Undertaker, John H. Locke

Place of Business, 49 South Wolfe St. *Address*

E. Lindenberger M. D.
Medical Attendant.
67 E. Eutaw St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...to the remarks below, and to List of Diseases on...

Board of Health, City of Baltimore,

Permit No. 9398 — OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 23 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 22nd,

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Hozelschatz Mrs Julius

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 34 *Years,* 9 *Months,* *Days.*

Color, White *Sex,* Female

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Housewife

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany. 12 years in U.S.

Duration of Residence in the City of Baltimore, 12 "

Place of Death, {Give street and number.} 180 Preston St

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate,) 4 months

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, 24th of April

S. A. Fitzer M. D.
Medical Attendant.

Undertaker, L. Rammert.

Place of Business, 311 Mulberry St. *Address* 77 N. Eutaw St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...pecially attend to the remarks below, and to List of Diseases on...

Board of Health, City of Baltimore,

Permit No. 9399.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 24 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 21 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Adella Virginia Nicol,

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 3 *Years,* 8 *Months,* 11 *Days.*

Color, White *Sex,* Female,

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Home

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 369 E. Lombard St

Cause of Death, First (Primary,) Membranous Croup.

Second (Immediate,)

Duration of Last Sickness, 2 days.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, April 24, 1876

Undertaker, M. A. Dague

Place of Business, 74 S. Broadway

J. H. Nock M. D.

Medical Attendant.

Address 75 E. Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9400

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 24 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 23rd 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henry White

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 51 *Years,* —— *Months,* —— *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Clerk

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Easton Md

Duration of Residence in the City of Baltimore, 31 years

Place of Death, {Give street and number.} 2045 S Ann st Baltimore

Cause of Death, {First (Primary,) Pneumonitis

{Second (Immediate,)

Duration of Last Sickness, About 9 Days

All the above information should be furnished by the Physician

Place of Burial, Baltimore Cemetery

Date of Burial, April 24th 1876

Undertaker, M. A. Daigen

Place of Business, 74 S. Broadway

J. R. Rhodes *M. D.*
Medical Attendant.

Address Ann & Baltz st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 9401

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT APR 24 1876 BALTIMORE

Date of Death, April 22nd 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Ralstead

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 2 *Years,* 6 *Months,* 6 *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth)} Md Balto

Duration of Residence in the City of Baltimore. Since Birth

Place of Death, {Give street and number.} No 266 N Bond Balto,

Cause of Death, {First (Primary,) Chronic Croup

Second (Immediate,)

Duration of Last Sickness, about 2 days

All the above Information should be furnished by the Physician

Place of Burial, Baltimore Cemetery

Date of Burial, April 24, 1876

Undertaker, M. A. Langan

Place of Business, 714 S. Broadway

J R Andre M. D.

Medical Attendant.

Address No 121 E Balto

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 9102

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 24 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 22nd 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles Carroll Brown

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, Years, One Months, Nine Days.

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 360 Chatsworth St

Cause of Death, First (Primary,) Croup

Second (Immediate,) do

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cem.

Date of Burial, 24th April

Undertaker, Jacob Reuter

Place of Business, Druid Hill Av. 1564

Wm. H. Story M. D.
Medical Attendant.

Address 341 Myrtle Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 9103 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT APR 24 1876 BALTIMORE

Date of Death, April 23d.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Georgia Shipley

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, *Years,* 7 *Months,* 4 *Days.*

Color, White — *Sex,* Female

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Live time

Place of Death, { Give street and number. } 475 E. Lombard.

Cause of Death, { First (Primary,) Antritis

Second (Immediate,) Marasmus.

Duration of Last Sickness, Month.

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cem.

Date of Burial, April 25th 1876

{ *Undertaker,* Joseph Keane

{ *Place of Business,* Baltimore St.

J. S. Whitelow M. D.
Medical Attendant.

Address 398 N. Eutaw St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 94011 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT APR 24 1876 BALTIMORE

Date of Death, April 23rd 1876

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Fredrika Nolle

~~*Sex, Male*~~ *or Female,* { Cross out the word not required in this line. }

Age, 64 *Years,* ——— *Months,* ——— *Days.*

Color, White *Sex,* Female,

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, { Cross out the words not required in this line. }

Occupation, Housekeeper

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Germany 16 yrs

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } Washington University Hospital.

Cause of Death, { First (Primary,) Valvular disease of heart

{ Second (Immediate,)

Duration of Last Sickness, Two weeks.

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross (German)

Date of Burial, April 24th 1876

{ *Undertaker,* H. C. Middleton

{ *Place of Business,* 115 N. Calvert St

A. L. G. Wolfe M. D.
Medical Attendant.

Address, Washington University Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...respectfully invited to the remarks below, and to List of Diseases on...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7105

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 24 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 22nd April

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Alfred Johannesen

Sex, Male or Female, {Cross out the word not required in this line.} Male,

Age, 24 *Years,* " *Months,* " *Days.*

Color, White *Sex,* male,

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, Mariner

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Norway, Six Weeks.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Washington Univerity Hosp

Cause of Death, First (Primary,) Tabes mesenterica

Second (Immediate,) Inanition,

Duration of Last Sickness, 6 years

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, April 24th 1876

Undertaker, H. C. Middeldorf

Place of Business, 11 S. N. Calvert St

A. J. Wolf *M. D.*
Medical Attendant.

Address Washington University Hospital.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9406

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 24 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, April 22nd 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} A. D. Seibold

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 28 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Merchant

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 158 North Wolfe st

Cause of Death, First (Primary,) Colds

Second (Immediate.) Consumption

Duration of Last Sickness, 8 or 9 months

All the above information should be furnished by the Physician.

Place of Burial, Green Mount.

Date of Burial, April 24th 1876

Milton A. Taylor M. D.
Medical Attendant.

Undertaker, Wm. H. Eichman

Place of Business, 234 E. Lay St. *Address* 100 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...spectfully invited to the remarks below, and to List of Diseases on ba...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9107

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 24 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 23d of April 76

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Maurice Bloch

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 60 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, ~~Single, Widow or~~ Widower, {Cross out the words not required in this line.}

Occupation, retired Merchant

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Westheim Bavaria

Duration of Residence in the City of Baltimore, 36 Years

Place of Death, {Give street and number.} 16 Columbia st

Cause of Death, {First (Primary,) Agraphesia Paralysis

{Second (Immediate,)

Duration of Last Sickness, several weeks

All the above information should be furnished by the Physician.

Place of Burial, Laid in Vault Woodmont

Date of Burial, April 25

Undertaker, Geo. [illegible]

Place of Business, 20[illegible]

Address 120 Point st. Balto

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9108

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 24 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 21st 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Somerville Ross

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* *Months,* *Days.*

Color, white *Sex,* male

~~*Married*~~, *Single, Widow or Widower,* {Cross out the words not required in this line.}

Occupation, Marines

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 2 mos

Place of Death, {Give street and number.} 134 E. Monument

Cause of Death, First (Primary,) Phthisis pulmonalis

Second (Immediate,) Exhaustion

Duration of Last Sickness, 2 mos

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, April 25th/76

Undertaker, Geo. Schilling

Place of Business, Co Kirkwith & Monument St *Address* 251 N. Eden St

F. D. Bamer, *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

...to the remarks below, and to List of Diseases on ba...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2107

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 24 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 22nd 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George H. Brown

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, 4 *Years,* 11 *Months,* 25 *Days.*

Color, White *Sex,* Male

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} Single

Occupation, [illegible]

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Eden St. Fell's Mellon[illegible]

Duration of Residence in the City of Baltimore, 4 y 11 m 23 d

Place of Death, {Give street and number.} 501 Eutaw near Lanvale

Cause of Death, First (Primary,) Scarlet Fever

Second (Immediate.) Malignant Scarlet Fever

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, Ballo Cemetery

Date of Burial, April 24th 1876.

A. C. Watson M. D.
Medical Attendant.

Undertaker, Geo T. Newman

Place of Business, 201 E. Madison St *Address* 434 N. Central Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...ARDS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BA...

Board of Health, City of Baltimore,

Permit No. 9410

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 24 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 23rd 76

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Eva Hallie

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, *Years,* Three *Months,* 10 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 155 S. Paca St.

Cause of Death, {First (Primary,) Convulsions.
Second (Immediate,)

Duration of Last Sickness, One Day

All the above information should be furnished by the Physician

Place of Burial, St. Alphonsus Cimetery

Date of Burial, April 24th 1876

Undertaker, H. M. Gibmeyer

Place of Business, 311 Canton Av.

C. Edward Buck M. D.
Medical Attendant.

Address 155 S. Paca St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 9411 — OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 24 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 23d 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mrs Sophia Filling

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} .....

Age, forty eight *Years,* Two *Months,* Three *Days.*

Color, White *Sex,* Female

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, Thirty years

Place of Death, {Give street and number.} 182 Raborg Street

Cause of Death, First (Primary,) Change of Life

Second (Immediate.) Hypertrophy of Liver

Duration of Last Sickness, Three or Four months

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery E. H. Hollmore M. D.

Date of Burial, the 24th of April Medical Attendant.

Undertaker, P. Kinnaid

Place of Business, 317 Mulberry St. *Address* 225 Aisquith St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9412

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 24 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 23. 1876.

Full Name of Deceased, {Write legibly and spell correctly if an infant not named, give names of parents} George Fadrick Mintz.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 6. *Years,* 7 *Months,* 2 *Days.*

Color, White *Sex,* Male

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Whole life

Place of Death, {Give street and number.} 27 Lancaster St.

Cause of Death, First (Primary,) Cerebro Spinal Meningitis.

Second (Immediate,) 26 days.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetary

Date of Burial, April 25th

J. N. Hack M. D.
Medical Attendant.

Undertaker, Leonhard Kurz

Place of Business, S. Bondstreet No 277. *Address* 75 E. Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9113

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 24 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 23rd 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie B. Holland

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, Years, 6 Months, Days.

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt. Md.

Duration of Residence in the City of Baltimore. Since birth

Place of Death, {Give street and number.} 135 N. Spring St

Cause of Death, {First (Primary,) Teething

Second (Immediate,) Convulsions

Duration of Last Sickness, One day

All the above information should be furnished by the Physician.

Place of Burial, Mt. Vernon Cemetery

Date of Burial, April 24 1876

Undertaker, Henry Rost

Place of Business, 307 Centre St

G. Glazwill Rue M. D.

Medical Attendant.

Address Balt & Md Sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the ... who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight ... the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the ... ertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and ... et in cases of births and deaths of Illegitimate children.

[OVER.]

...MANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7414

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 24 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, April 23rd 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James Jerauschek

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, *Years,* 6 *Months,* *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, ~~Entire~~

Place of Death, {Give street and number.} No 240 S. Ann street

Cause of Death, {First (Primary.) Spasms

{Second (Immediate,)

Duration of Last Sickness, 2 day

All the above information should be furnished by the Physician

Place of Burial, St Michaels Cem

Date of Burial, April 25th 1876

Undertaker, Henry Bair

Place of Business, 245 Aisquith st

Address

M. D.

Medical Attendant

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. ....

...PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9115

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 24 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, April 23d 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James Coulard

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 36 *Years,* *Months,* *Days.*

Color, Col'd

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} No 306 S. Durham St.

Cause of Death, {First (Primary,) Consumption

{Second (Immediate,)

Duration of Last Sickness, 10 Months

All the above information should be furnished by the Physician

Place of Burial, Laurel Cem.

Date of Burial, April 24th 1876

M. D.
Medical Attendant.

Undertaker, J. H. Chase

Place of Business, 98 S. Howard St *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...IS RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of ...

Board of Health, City of Baltimore,

Permit No. 9416

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last Illness is responsible for the presentation of this Cer... *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said ..., or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PRO... CERTIFICATE.

CERTIFICATE OF DE...TH.

HEALTH DEPARTMENT APR 24 1916 BALTIMORE

Date of Death, Celia P. Kne...

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Spencer

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 1 *Months,* 18 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 28 Columbia ave

Cause of Death, {First (Primary.) Second (Immediate,)} Scarlet Fever

Duration of Last Sickness, Two Days

All the above information should be furnished by the Physician.

Place of Burial, St. Stephens Cemetery

Date of Burial, April 24/16

Undertaker, Hodnett, Knill

Place of Business, 201 Columbia St

H. L. Spencer M. D.
Medical Attendant.

Address 379 W. Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 9117

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT APR 24 1876 BALTIMORE

Date of Death, April 22d

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Julia Clarke

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 8 *Months,* *Days.*

Color, Colored *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Philad Pa

Duration of Residence in the City of Baltimore, four months

Place of Death, {Give street and number.} 69 Josephine st Ct.

Cause of Death, {First (Primary,) / Second (Immediate,)} Pneumonia

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 24th 1876

Frank Gunn, M. D.
Medical Attendant.

{*Undertaker,* Wm J Frail / *Place of Business,* 65 Mulberry st} *Address* 67 N Paca st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No.

...sicians is respectfully invited to the remarks below, and to List of Diseases on back of ...

Board of Health, City of Baltimore,

Permit No. 9418

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 24 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 23rd 1876

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Virginia Davis Disney

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, One *Years,* Six *Months,* Days.

Color, White *Sex,*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } 6 Aisquith Pl Ab 195

Cause of Death, { First (Primary,) Inflammation of Stomach

{ Second (Immediate,)

Duration of Last Sickness, 18 Days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, April 25th 1876

{ *Undertaker,* Henry H. Mears

{ *Place of Business,* 545 N Gay St

C C E M. D.
Medical Attendant.

Address 195 E Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...respectfully invited to the remarks below, and to List of Diseases on back ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No 9419

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 24 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, April 23rd 76

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Joseph Henry Miller

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ——— *Years,* 6 *Months,* ——— *Days.*

Color, Colored *Sex,* Male

Married, Single, Widow or Widower {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, 6 Months

Place of Death, {Give street and number.} No. 4 Edgar 5th Court

Cause of Death, First (Primary,) Catarrh

Second (Immediate,) Pneumonia

Duration of Last Sickness, 2 Months

All the above information should be furnished by the Physician.

Place of Burial, [illegible]

Date of Burial, April 24th

Geo. H. Napier M. D.
Medical Attendant.

Undertaker, [illegible]

Place of Business, [illegible] *Address* 18 Hisquith St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No.

...sicians is respectfully invited to the remarks below, and to List of Diseases on back ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9420

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 24 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, April 23 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Andrew and Francisca Franz.

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, Years, Months, 1½ hours ~~Days.~~

Color, white *Sex,* female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 266 N. Central Av.

Cause of Death, {First (Primary,) / Second (Immediate.)} 6 months foetus

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Mary's Cem Peter G. Dumm M.D.

Date of Burial, April 24 1876 Medical Attendant.

Undertaker, Henry Stocck *Address* 27 N. Broadway

Place of Business, 30 Gay & Central Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...remarks below, and to List of Diseases on ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9121.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 24 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, April 23rd 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Henry Thisly

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 2 *Years,* *Months,* 7 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Woodyear st & Brunswick

Cause of Death, First (Primary,) Congestion of Brain

Second (Immediate,) Convulsions

Duration of Last Sickness, 12 hours

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery H Darby M. D.

Date of Burial, April 25th 1876 Medical Attendant.

Undertaker, Jno Mears

Place of Business, 143 Mulberry st

Address 143 Mulberry st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...REMARKS BELOW, and to LIST of DISEASES on BA...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9422.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT APR 24 1876 BALTIMORE

Date of Death, April 24th '76

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} W. H. B Beck.

Sex, Male or Female, {Cross out the word not required in this line,} Male

Age, 20 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Clerk U S Treasury

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} N E Cor Aisquith & Hollins

Cause of Death, {First (Primary,) / Second (Immediate,)} Tuberculosis

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cem

Date of Burial, April 26 '76

Jas McLenahan, *M. D.*
Medical Attendant.

Undertaker, John J Rodenmayer *Address* 133 N. Eutaw St

Place of Business, N E Cor Fayette & Arch St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the ...ician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight ...after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the ...n be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and ...eath, except in cases of births and deaths of illegitimate children.

[OVER.]

...is respectfully invited to the remarks below, and to List of Diseases on ba...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9423.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 24 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, April 23.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Martha A. Ruckle

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 30 *Years,* 10 *Months,* 4 *Days.*

Color, White *Sex,* Female

~~Married~~, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 115 N Amberg

Cause of Death, First (Primary,) Phthisis

Second (Immediate,)

Duration of Last Sickness, 13 Months

All the above information should be furnished by the Physician.

Place of Burial, Bath Cemetery

Date of Burial, April 25th 1876

Undertaker, Morton & Dorn

Place of Business, 263 Light St

Theodore Cox M. D.
Medical Attendant.

Address 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...remarks below, and to List of Diseases on back of this Certi...

Board of Health, City of Baltimore,

Permit No. 9421

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT APR 24 1876 BALTIMORE

Date of Death, April 23d 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Georgiana Murphy.

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, Twenty four *Years,* *Months,* *Days.*

Color, White *Sex,* Female,

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City Md.

Duration of Residence in the City of Baltimore, Life time,

Place of Death, {Give street and number.} No. 212 Eastern. avenue,

Cause of Death, First (Primary,)

Second (Immediate,) Consumption.

Duration of Last Sickness, One year,

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, April 25th 1876

Nicholas L. Dashiell M. D.
Medical Attendant.

Undertaker, Hughs & Co

Place of Business, 658 Broadway *Address* 207 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. [illegible]

...is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 91251

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 24 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 23rd, 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sarah Gray

Sex, Male or Female, {Cross out the word not required in this line.} .....

Age, Seventy three *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 36 & 36½ N. Broadway

Cause of Death, First (Primary,) Asthma

Second (Immediate,)

Duration of Last Sickness, About 3 or 4 hours.

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, April 25th 1876

Undertaker, Hughes & Co

Place of Business, 65 S Broadway *Address*

H. H. White, *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

FILM

...ly invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9426

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT APR 24 1876 BALTIMORE

Date of Death, April 21st

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Matilda White

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 35 *Years,* *Months,* *Days.*

Color, Black *Sex,*

~~Married~~, ~~Single~~, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Accomac County Virginia

Duration of Residence in the City of Baltimore, Five Years

Place of Death, {Give street and number.} 7 Seldom st

Cause of Death, {First (Primary,) Consumption / Second (Immediate,)}

Duration of Last Sickness, Ten Years

All the above information should be furnished by the Physician.

Place of Burial, Western Potters Field Samuel Hall M. D.

Date of Burial, April 23d Medical Attendant.

Undertaker, [redacted]

Place of Business, 1118 Pratt st Address Southern Dispensary "

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

K SAFETY

...physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9427

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 24 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Apr 23 - 1876

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Frank L Frame

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 61 *Years,* 1 *Months,* 11 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Married

Occupation, Laborer

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baden, Germany

Duration of Residence in the City of Baltimore, 27 Years

Place of Death, { Give street and number. } 516 - West Lee

Cause of Death, { First (Primary,) } Heart - Disease

{ Second (Immediate,) }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery Wm F Hauck M. D.

Date of Burial, April 26th 1876 Medical Attendant.

{ *Undertaker,* Andrew Gehl

{ *Place of Business,* 118 Lombard St *Address* 516 W Lee - Balto City

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

KODAK

...RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9428.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 24 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, April 23 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} August & Catharine Behrends

Sex, Male or Female, {Cross out the word not required in this line.} Male.

Age, Years, Months, 2 Months Days.

Color, White

~~Married~~, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 467 Saratoga St

Cause of Death, First (Primary,) Premature Birth

Second (Immediate,)

Duration of Last Sickness, Life

All the above information should be furnished by the Physician

Place of Burial, Loudon Park

Date of Burial, April 24th 1876

Undertaker, Peter Kummert

Place of Business, 317 Mulberry St Address

M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9429

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 25 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 24th April 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Kunigunda Dietz

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 51 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany 26 yrs

Duration of Residence in the City of Baltimore.

Place of Death, {Give street and number.} 203 S. Charles st

Cause of Death, {First (Primary.) Phthisis Pulmonalis

{Second (Immediate.)

Duration of Last Sickness, 18 months

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, April 26th 1876

Undertaker, Wm. H. Webster M. D. Medical Attendant

Place of Business, 111 Lanvale Address 57 Barnet

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9430

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 25 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Apr 24th 1876

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } James Eagan

Sex, Male or Female, { Cross out the word not required in this line. }

Age, (8 years 11) *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore County

Duration of Residence in the City of Baltimore, during life

Place of Death, { Give street and number. } 81 Hanover Lane

Cause of Death, { First (Primary,) Abnormally small heart
Second (Immediate,) Cholera

Duration of Last Sickness, one day Months

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cem

Date of Burial, April 26th 1876

{ *Undertaker,* Armstrong & Denny
{ *Place of Business,* 269 Light St

Burk E Phillips M. D.
Medical Attendant.

Address 175 E Pratt St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

ATTENTION OF PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9431

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 25 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 23d 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Rachel A. Crosby

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 43 *Years,* 9 *Months,* *Days.*

Color, white

Married, ~~Single, Widow or Widower~~ {Cross out the word is not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since birth.

Place of Death, {Give street and number.} Church Home and Infirmary

Cause of Death, {First (Primary,) Peritonitis

{Second (Immediate,)

Duration of Last Sickness, Three days

All the above information should be furnished by the Physician

Place of Burial, Baltimore Cemetery

Date of Burial, April 25th

A. F. Eich *M. D.*
Medical Attendant.

{*Undertaker,* Murphy

{*Place of Business,* 84 N. Broadway *Address* 94 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of Illegitimate children.

[OVER.]

...REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9432

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT APR 25 1876 BALTIMORE

Date of Death, April 23rd 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jacob & Sarah Jones

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ~~—~~ *Years,* 2 *Months,* ~~—~~ *Days.*

Color, Col?

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 325 S. Howard St

Cause of Death, {First (Primary,) / Second (Immediate,)} Marasmus

Duration of Last Sickness, 2 months

All the above information should be furnished by the Physician

Place of Burial, Laurel Cemetery

Date of Burial, April 25th 1876

M. D.

Undertaker, L. Davis

Place of Business, 103 Lee Street *Address* Commrs of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Information by Jacob Jones Father

PHYSICIANS IS RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9433

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 25 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 21st 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elenora Gillett

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ——— *Years,* One *Months,* ——— *Days.*

Color, Col'd

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 9 Saresbury Alley

Cause of Death, {First (Primary,) Scrofulas ulceration

Second (Immediate,) Erysipelas Supurating

Duration of Last Sickness, One Months

All the above information should be furnished by the Physician

Place of Burial, Laurel Cemetery

Date of Burial, April 26 1876

M. D.

Undertaker, W. N. Dungey

Place of Business, East St *Address* Commissioner of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

Information by Henry Benson Friend of the Family

...to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9431

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 25 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, April 24th 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Steigerwald,

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, *Years,* Three *Months,* *Days.*

Color, White *Sex,* Female,

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City, Md.

Duration of Residence in the City of Baltimore, Since Birth,

Place of Death, {Give street and number.} No 172 Bank St.

Cause of Death, First (Primary,)

Second (Immediate,) Catarrh.

Duration of Last Sickness, One day

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, April 25th 1876

Undertaker, Michael Funk

Place of Business, 35 Thames St

Nicholas L. Sathiel, M. D.
Medical Attendant.

Address 207 S. Broadway,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Physicians are respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9435

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 25 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, April 23d. 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} David Yolin.

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 45 *Years,* *Months,* *Days.*

Color, White. *Sex,* Male.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Laborer.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland.

Duration of Residence in the City of Baltimore, Eight years.

Place of Death, {Give street and number.} No 20 Boulton ab

Cause of Death, First (Primary,)

Second (Immediate,) abscess.

Duration of Last Sickness, three months.

All the above information should be furnished by the Physician.

Place of Burial, New Catholic Cemetery

Date of Burial, April 26th 1876

Undertaker, George Taffan

Place of Business, 121 Penn Street.

Albert Hoffman *M. D.*
Medical Attendant.

Address 109 Penn Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...respectively referred to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9436

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 25 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 22nd 1876

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Westley Fisher

Sex, Male or ~~Female~~, { Cross out the word not required in this line. } Male

Age, Two *Years,* 0 *Months,* *Days.*

Color, Dark brown *Sex,* Male

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. } Single

Occupation, None

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Two years

Place of Death, { Give street and number. } Wrights Alley

Cause of Death, { First (Primary,) Scarlet Fever / Second (Immediate,) Convulsion

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, W. Pattis Field

Date of Burial, April 26 1876

Undertaker, M. H. C. Penny

Place of Business, 478 W. Pratt St

B F Bohrer M. D.
Medical Attendant.

Address cor Dolphin & Roy

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...RECORDING BELOW, AND TO LIST OF DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 9437

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT APR 25 1876 BALTIMORE

Date of Death, April 24th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizth Gray

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 38 *Years,* — *Months,* — *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation, Washing

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Talbot Co Md

Duration of Residence in the City of Baltimore, 24 years

Place of Death, {Give street and number.} 69 Dawson ally

Cause of Death, First (Primary,) Supposed, Heart Disease ~~Eating too much~~

Second (Immediate,) Eating too much

Duration of Last Sickness, Short

All the above information should be furnished by the Physician

Place of Burial, Laurel Cemetery

Date of Burial, April 26 76

Undertaker, Samuel H Chase

Place of Business, 193 Hanover

R C, Lee M. D.
~~Medical Attendant~~
N. W. Co Coroner 3, D.
Address Hanover & Barre Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...ompanied to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9138

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 25 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, April 25

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John H. Knies

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 1. *Years,* 3. *Months,* 17 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 13. Abbys alley

Cause of Death, First (Primary,) Scarlatina

Second (Immediate,) diptheria

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery *Medical Attendant.* Edward Cook M. D.

Date of Burial, April 26th 1876

Undertaker, Charles Linford

Place of Business, 161 Lanvale St *Address* 146 Hanover sh

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

...and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9139

The Physician who attended any person in n last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 25 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 24th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Patrick Mulligan

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 38 *Years,* *Months,* *Days.*

Color,

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth} Ireland

Duration of Residence in the City of Baltimore. 15 Years

Place of Death, {Give street and number} No 2 Eastern Avenue

Cause of Death, {First (Primary,) Consumption

{Second (Immediate,)

Duration of Last Sickness, Seven Years

All the above information should be furnished by the Physician

Place of Burial, St. Vincents Cem

Date of Burial, April 26th 1876

Undertaker, Jas. Byrnes

Place of Business, Front St.

M. D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 71110

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 25 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 24th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jacob Frederick Leutner

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, One *Years,* ten *Months,* 24 *Days.*

Color, white *Sex,*

~~Married~~, *Single,* ~~Widow or Widower.~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Ridgely Street No 16

Cause of Death, First (Primary,) Scarlatina.

Second (Immediate,)

Duration of Last Sickness, One week.

All the above information should be furnished by the Physician.

Place of Burial, Greenhill Park Cemetery

Date of Burial, April 26th 1876

Undertaker, Adam Weidemeyer

Place of Business, 518½ W. Baltimore St.

Morris Steiner M. D.
Medical Attendant.

Address 249 W. Fayette

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

No. 9141

The special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9141

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 26 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Twenty fifth day April 876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Gilmor Evans

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, Sixty two *Years,* Ten *Months,* Sixteen *Days.*

Color, White *Sex,* female

Married, ~~Single, Widow or Widower.~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} Sixty eight E Franklin st

Cause of Death, {First (Primary,) Influenza

{Second (Immediate,) Acute Bronchitis

Duration of Last Sickness, About twenty five days

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cem. Regin Buckler M. D.

Date of Burial, 27th April 1876 Medical Attendant.

{*Undertaker,* Hy M. Deutsch & Son *Address* 135 N Eutaw st

{*Place of Business,* 16 Light St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

THE SPECIAL ATTENTION OF PHYSICIANS IS RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL-STATISTICS.

Permit No. 9442

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 26 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Baltimore April 25th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George Savage

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Nine *Years,* Eight *Months,* *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Child

Occupation, Nothing

Birthplace, {State or country (and how long in the United States, if of foreign birth)} Accomac, Virginia

Duration of Residence in the City of Baltimore, Five years

Place of Death, {Give street and number.} No. 164 Howard St

Cause of Death, First (Primary,) Injury

Second (immediate,) Peritonitis, Acute,

Duration of Last Sickness, Four days

All the above information should be furnished by the Physician

Place of Burial, Green Mount

Date of Burial, April 27th 76

Undertaker, [illegible]

Place of Business, [illegible]

J. A. Dyer *M. D.*
Medical Attendant.

Address No. 114 Hill St
Baltimore Md

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9443

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 26 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, April 24th 1876

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Hannah Darby

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, Over 82 *Years,* *Months,* *Days.*

Color, Race *Sex,* Female

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the words not required in this line. }

Occupation, Servant

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore, Md

Duration of Residence in the City of Baltimore, Since her Infancy

Place of Death, { Give street and number. } Little Gro Pr- near Fulton

Cause of Death, { First (Primary,) Pthisis Pulmonalis / Second (Immediate,) Exhaustion

Duration of Last Sickness, Dont know

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 26, 76

Undertaker, [illegible]

Place of Business, [illegible] *Address*

Wm. H. Dunn *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. [illegible]

Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9464

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 26 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 25, 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Thomas Wilson

Sex, Male or Female, {Cross out the word not required in this line.} X

Age, 92 *Years,* 4 *Months,* *Days.*

Color, Colored *Sex,* X

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widower

Occupation, Sawyer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, all his life

Place of Death, {Give street and number.} 328 S Howard St

Cause of Death, First (Primary,) Old age

Second (Immediate,)

Duration of Last Sickness, 6 mos

All the above information should be furnished by the Physician.

Place of Burial, [illegible]

Date of Burial, [illegible]

Undertaker, [illegible]

Place of Business, [illegible] *Address* [illegible]

Wm C Knowles M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...ferred to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9445

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 26 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Three o'clock P.M. April 26th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Rachel Brown Bufler

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 66 *Years,* 10 *Months,* 27 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Lancaster County Pennsylvania

Duration of Residence in the City of Baltimore, 35 Years

Place of Death, {Give street and number.} 785 Pennsylvania Avenue

Cause of Death, First (Primary,) Pleurisy

Second (Immediate,)

Duration of Last Sickness, Seventeen days

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel Cmty

Date of Burial, April 27th 1876.

M. D.
Medical Attendant.

Undertaker, H. Frechlich *Address* 13 Franklin St

Place of Business, 246 Eastern Av

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9464

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 26 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Apr. 25th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Catherine Miller

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 40 *Years,* *Months,* *Days.*

Color, W *Sex,*

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Housekeeper

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore. ———

Place of Death, {Give street and number.} St Josephs Hosp. Caroline & Eager

Cause of Death, First (Primary,) Tuberculosis

Second (Immediate,) Exhaustion

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, April 26 1876

Undertaker, H. Schultheis

Place of Business, E. Monument St *Address*

Oscar Dexter *M. D.*

Medical Attendant.

St Jos Hosp

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...TO THE REGULATIONS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9447

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 26 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 26th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Joseph Hinkle

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 30 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Blacksmith

Birthplace, {State or country (and how long in the United States, if of foreign birth)} ~~Germany~~ Balt City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} Wollet Point,

Cause of Death, {First (Primary,) / Second (Immediate,)} Hypertrophy of Heart 6 Weeks,

Duration of Last Sickness,

All the above Information should be furnished by the Physician

Place of Burial, Westminster

Date of Burial, April 28th

Undertaker, J. B. Carter

Place of Business, Fountain Ave

Geo. C. Ayleworth M. D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of Illegitimate children.

[OVER.]

...ferred to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9448

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 26 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 25th of April

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Nancy W. Burnap.

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, 72 *Years,* ——— *Months,* ——— *Days.*

Color, White *Sex,* female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Nantucket

Duration of Residence in the City of Baltimore, All her life time.

Place of Death, {Give street and number.} 45 N. Calvert St

Cause of Death, { First (Primary,) / Second (Immediate,) } old age

Duration of Last Sickness, 3 Months

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, April 27 1876

Undertaker, H. H. Tomkins & Co

Place of Business, 16 Light St *Address*

J. Schmidt Md

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 9449

...ysicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9449

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 26 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 25th 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James Mingo

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, Eighty six *Years,* ——— *Months,* ——— *Days.*

Color, Black *Sex,* Male

~~Married, Single, Widow or~~ Widower, {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Harford County

Duration of Residence in the City of Baltimore, Fifty Years

Place of Death, {Give street and number.} No. 12 St James Street

Cause of Death, First (Primary,) ———

Second (Immediate,) Apoplexis.

Duration of Last Sickness, Two weeks.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 28th 1876

Undertaker, John W. Loats

Place of Business, 83 Lexington

S. Caldwell Ireland M. D.
Medical Attendant.

Address 178 Aisquith St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 94671

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 26 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 24th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Helena Wett

~~*Sex,*~~ ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 12 *Years,* 10 *Months,* ... *Days.*

Color, White ... *Sex,* Female

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Schoolgirl

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Fritzlar, Germany. 3 years in U.S.

Duration of Residence in the City of Baltimore, Two Years

Place of Death, {Give street and number.} W. Pratt St. 450

Cause of Death, First (Primary,) Scarlet fever

Second (Immediate,) Impoisoning of the blood

Duration of Last Sickness, 3 Days

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cemetery

Date of Burial, April 26th

Henry Salzer M. D.
Medical Attendant.

Undertaker, Andrew Thull

Place of Business, 201 Columbia St *Address* 65 W. Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 7457

...Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9457,

The Physician who attended any person in n last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said person, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 26 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, April 25th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ruth C Richards

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, Sixty eight *Years,* —— *Months,* —— *Days.*

Color, White *Sex,* Female

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Unknown

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 87 Mott St

Cause of Death, {First (Primary,) ~~Second (Immediate,)~~} Complication of diseases; had fractured Stricture of Oesophagus, Diphtheria, Uric acid diathesis, Cystitis and Bronchitis of the aged

Duration of Last Sickness, Sixteen Months

All the above information should be furnished by the Physician.

Place of Burial, Londenderry. E C Price & Bro M. D.

Date of Burial, April 26 Medical Attendant.

Undertaker, C H Blount. *Address* 267 Madison Ave

Place of Business, 201 Pen...

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. [illegible]

[illegible] is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9452

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 26 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 24th 76

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Margaret Smith

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 65 *Years,* 11 *Months,* 11 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, [illegible]

Birthplace, {State or country (and how long in the United States, if of foreign birth.} No. 101 N. Exeter St

Duration of Residence in the City of Baltimore, 63 years & 6 months

Place of Death, {Give street and number.} No 101 N. Exeter St

Cause of Death, First (Primary,) Typhoid pneumonia

Second (Immediate,)

Duration of Last Sickness, Four days

All the above information should be furnished by the Physician

Place of Burial, Greenmount

Date of Burial, 26th of April

Undertaker, H. H. Hickman

Place of Business, 234 N. Gay St

Ludwig Hausman M. D.
Medical Attendant.

Address 133 N. Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 9453

...PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9453

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 26 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, April 26th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lillie Frederica ~~Elizabeth~~ Hatter

Sex, ~~*Male*~~ *Female,* {Cross out the word not required in this line.}

Age, 10 *Years,* *Months,* 27 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth)} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 133 N Gay St

Cause of Death, {First (Primary,)} Gastro-Enteritis —

{Second (Immediate,)} Congestion of the brain. (C. of B.)

Duration of Last Sickness,

All the above information should be furnished by the Physician

Place of Burial, Green Mount Cem

Date of Burial, April 27th 1876

Lud M Hinman M. D.
Medical Attendant.

Undertaker, Jno H Weaver

Place of Business, 22 West Fayette Address 133 N. Gay.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No.

...cian is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9457

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 26 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, April 24th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Kahler

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, Thirty *Years,* five *Months,* *Days.*

Color, White *Sex,* Femal

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.} Married

Occupation, No occupation

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Entire life

Place of Death, {Give street and number.} N 675 N Fayette St

Cause of Death, First (Primary,) ...

Second (Immediate,) Bright Disease of Kidneys

Duration of Last Sickness, Several months

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetary

Date of Burial, Apr 27th 1876

Undertaker, Hughes & co

Place of Business, 830 Fayette

F. Chatard M. D.
Medical Attendant.

Address N 114 Park Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9455

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

ALIENS DEPARTMENT APR 26 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, April 26 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth L. Rohlfing

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, ——— *Years,* 3 *Months,* ——— *Days.*

Color, white

Married, Single, Widow or Widower. {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth)} Balto City

Duration of Residence in the City of Baltimore. Life

Place of Death, {Give street and number.} 118 E. Fayette Street

Cause of Death, {First (Primary,) Hernia
Second (Immediate,) Convulsions

Duration of Last Sickness, Sudden

All the above information should be furnished by the Physician

Place of Burial, Balto Cemetery

Date of Burial, April 27 1876

M. D.

Undertaker, Chas Rossiter

Place of Business, 136, E. Fayette St *Address* Commiss of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by, Fred C. Rohlfing Father

[OVER.]

No. 9456

...Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9456

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 26 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 24th April.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Schmidt

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Years, 8 Months, Days.

Color, White. *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Child.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 218 Aliceanna Street

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 218 Aliceanna Street

Cause of Death, First (Primary,) Spasmus.

Second (Immediate,)

Duration of Last Sickness, one day.

All the above information should be furnished by the Physician.

Place of Burial, Fleet Street Grave Yard.

Date of Burial, 26 April.

D. Hamel M. D.
1561 Bond. Medical Attendant.

Undertaker, Conroy & Sons

Place of Business, 161 Canton Av. *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 9457

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9457

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 27 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, April 26th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Frank Schwartz.

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, ~ 36 ~ *Years,* ~ ~ ~ *Months,* ~ ~ ~ ~ ~ ~ ~ ~ *Days.*

Color, White

Married, ~~Single, Widowed or Divorced~~, {Cross out the words not required in this line.} Married

Occupation, Tailor

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Bohemia

Duration of Residence in the City of Baltimore. Seven Years

Place of Death, {Give street and number.} No 46 Chapel St

Cause of Death, {First (Primary,) Phthisis Pulmonalis

{Second (Immediate,)

Duration of Last Sickness, Six Months

All the above information should be furnished by the Physician

Place of Burial, N. Vincent Burying ground

Date of Burial, April 28th 1876

{*Undertaker,* ~~N. Y. Phthisis No 261~~

{*Place of Business,* ~~Vincent St.~~ No 261

Thomas D. Evans M. D.
Medical Attendant.

Address No 18 Jackson Square

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 9458

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9458

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 27 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, April 26th, 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John H. Jacobs

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 68 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Carpenter for M'd. Back Bonded A. A. C., Md.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 2 years and 8 months

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 308 McDonogh St

Cause of Death, {First (Primary,) Pneumonia. No treatment, Second (Immediate,) traveling [illegible] 10 days. Medical aid on Fifth. Five days.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Millersville Anne Arundel County

Date of Burial, April 27th 1876

Undertaker, J. S. Cook

Place of Business, No 707 W. Baltimore Street *Address*

H. H. White, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Transit 42. 6

Physicians are respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9459

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 27 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, April 25th 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Willie Duke

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Seven *Years,* *Months,* *Days.*

Color, Black. *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Calvert County, Md.

Duration of Residence in the City of Baltimore, About 4 years.

Place of Death, {Give street and number.} # 64 Welcome Alley.

Cause of Death, First (Primary,) Dropsy,

Second (Immediate,) Convulsions,

Duration of Last Sickness, About one week, under treatment 3 days.

All the above information should be furnished by the Physician.

Place of Burial, W. Potters Field

Date of Burial, April 27th 1876

J. M. White M. D.
Medical Attendant.

Undertaker, M. H. C. Perry

Place of Business, Pratt St *Address* Southern Dispensary.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 9460

...ersons is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9460

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 27 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, April 25. 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Margaret Smith

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 84 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, ~~Single, Widow or Widower~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 50 Years

Place of Death, {Give street and number.} 42 N. Front St

Cause of Death, {First (Primary,) Marasmus.
{Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, April 27th 1876

{*Undertaker,* James S Byrne
{*Place of Business,* No 63 N Front St

J. N. Heuck M. D.
Medical Attendant.

Address 75 E. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 9461

...sicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9461

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT APR 27 1876 BALTIMORE.

Date of Death, April 25, 1876

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents } Mary Frances [illegible]

Sex, Male or Female, { Cross out the word not required in this line. } ~~Male~~ Female

Age, 1 Year, *Months,* *Days.*

Color, Black *Sex,* Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } No 6 Wilkes Court

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } No 13 Stockton St

Cause of Death, { First (Primary,) Diphtheria
Second (Immediate,) Four Days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Sharp St M E Church Cem'y

Date of Burial, April 27th 1876

M. D.
Medical Attendant.

{ *Undertaker,* John Thacker
{ *Place of Business,* No 15 N Gaudent St Address 200 S. Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

T Y ▲ F I L M

No. 9162

PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9162

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 27 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 24 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named give names of parents.} Eleanor Jones

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 44 *Years,* *Months,* *Days.*

Color, W

~~Married~~, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth)} Balto Md

Duration of Residence in the City of Baltimore. about 30 years

Place of Death, {Give street and number.} 129 N Charles St Balto.

Cause of Death, First (Primary,) ——

Second (Immediate,) Consumption

Duration of Last Sickness, about 2 years

All the above information should be furnished by the Physician

Place of Burial, Westminister Cemty

Date of Burial, 29th April 1876 Green + Fayette

Undertaker, Wm. Deakins Jr

Place of Business, 16 Light St

J H Patterson M. D.
Medical Attendant.

Address 23 Franklin St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children

[OVER.]

D A K S A F E

No. 9463

The special attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9463,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 27 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, April 25th

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mrs Asbm. Jones

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, Col? *Years,* 9 *Months,* 13 *Days.*

Color, *Sex,*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } U S

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 20 & 3 Chestnut Alley

Cause of Death, { First (Primary,) Pneumonia
Second (Immediate,) }

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 27th 1876

Undertaker, Wm P Frey

Place of Business, 65 Saratoga St

M M Smith M. D.
Medical Attendant.

Address 192 Park St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

...ferred to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9464

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 27 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, April 27th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George Anna Burkman

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 44 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 39 years

Place of Death, {Give street and number.} 81 Division St

Cause of Death, { First (Primary,) Pulmonary Consumption

Second (Immediate,)

Duration of Last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem.x J. T. Knight M. D.

Date of Burial, April 28th 1876 Medical Attendant.

{ *Undertaker,* Jacob Heaver

{ *Place of Business,* Lo. H. & Druid Hill Ave. *Address* 112 & 114 Green Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 9465

Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9465.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 27 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, April 26th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Jos. Dodds.

Sex, Male or Female, {Cross out the word not required in this line.} Male.

Age, 55 *Years,* 6 *Months,* *Days.*

Color, White *Sex,* male.

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widower.

Occupation, Produce Dealer.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 42 years.

Place of Death, {Give street and number.} 115 Hill St

Cause of Death, First (Primary,) Cancer Stomach

Second (Immediate,)

Duration of Last Sickness, 18 Months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, April 28th 1876

W. Riley M. D.
Medical Attendant.

Undertaker, Weaver.

Place of Business, Druid Hill Avenue Exlaw Address 47 Lexington St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 9466

...ysicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9466

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 27 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, April 26th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Julia E. North

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 53 *Years,* *Months,* *Days.*

Color, white *Sex,*

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 189 S. Washington St.

Cause of Death, First (Primary,) Phthisis Pulmonalis (Consumption

Second (Immediate,) 3 mos.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery R. W. Mansfield M. D.

Date of Burial, April 28th 1876 Medical Attendant.

Undertaker, Hughes & Co

Place of Business, 65 S. Broadway *Address* 117 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9467

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 27 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 26th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Julia A. Schley

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, Sixty Seven *Years,* *Months,* *Days.*

Color, White *Sex,*

~~*Married, Single,*~~ *Widow* ~~*or Widower*~~, {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 74 N. Eden, Eldery St.

Cause of Death, First (Primary,) Pleuro-pneumonia

Second (Immediate,) Consumption

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, April 28th, 1876

Milton A. Taylor M. D.
Medical Attendant.

Undertaker, Wm. H. Richmond

Place of Business, 234 E. Gay St. *Address* 100 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 9465

...spections is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 9468

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 27 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, April 26 = 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Catherine Protzman

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 65 *Years,* 4 *Months,* *Days.*

Color, White *Sex,* Female

~~*Married, Single, Widow or Widower.*~~ {Cross out the words not required in this line.}

Occupation, Housewife

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baden

Duration of Residence in the City of Baltimore, 24 years

Place of Death, {Give street and number.} 3 Walnut alley

Cause of Death, {First (Primary,) Paralysis

{Second (Immediate,)

Duration of Last Sickness, 3 week.

All the above information should be furnished by the Physician.

Place of Burial, Sweet Home

Date of Burial, April, 28-

{*Undertaker,* C Kunkel

{*Place of Business,* 60 Park St

Geo L. Rice M. D.
Medical Attendant.

Address 62 Park Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9469

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if required so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 27 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, April 27th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Thos Kiely

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 40 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 25 years

Place of Death, {Give street and number.} No 106 Scott St.

Cause of Death, First (Primary,) Temporary aberration of the mind

Second (Immediate,) Suicide, by Cutting his Throat with a razor

Duration of Last Sickness, 20 Hours

All the above information should be furnished by the Physician

Place of Burial, St Peters Cemetery

Date of Burial, 28 April

Undertaker, J B Cook

Place of Business, 707 West Baltimore St

R C Lee M. D.
~~Medical Attendant~~ Coroner

Address N.W. cor Hanover & Barre Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 9470

...ysicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9470

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 27 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 4 mo. 26 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Rachel Benigaval

Sex, Male or Female, {Cross out the word not required in this line.} Female.

Age, 79 *Years,* 8 *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation, Housekeeper.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 79 years 8 mo

Place of Death, {Give street and number.} 479 Saratoga St

Cause of Death, First (Primary,) Pneumonia

Second (Immediate,)

Duration of Last Sickness, 4 days.

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, 29th of April

Undertaker, P. Kinnard

Place of Business, 47 Mulberry St.

W. Riley M. D.
Medical Attendant.

Address 47 Lexington St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 9471

THE SPECIAL ATTENTION OF PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9471

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if required so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 26 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, April 26th 76

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James Kirk

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 2 *Years,* 3 *Months,* *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} Cor Lombard & Bethel Sts

Cause of Death, First (Primary,) Tub acute exceptalitis

Second (Immediate,)

Duration of Last Sickness, 14 days Fell on head three months ago

All the above information should be furnished by the Physician

Place of Burial, Greenmount Cemetery

Date of Burial, April 28th

Undertaker, L. Eyfel

Place of Business, 1 Bond St

C. Edward Miller *M. D.*
Medical Attendant.

Address 43 S Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9472

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 28 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 27th April 1876

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } George Wesley Mosher

Sex, ~~Male or~~ Female, { Cross out the word not required in this line. }

Age, 33 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, ~~Single, Widow or Widower,~~ { Cross out the words not required in this line. }

Occupation, Retail Confectionery Dealer

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 33 Years

Place of Death, { Give street and number. } 38 Abbott Pl

Cause of Death, First (Primary,) Hepatic Colic

Second (Immediate.)

Duration of Last Sickness, 6 Days

All the above information should be furnished by the Physician.

Place of Burial, St Thomas Lutheran Ch Yard

Date of Burial, April 29 1876

Wm. L. Hurst M. D.
Medical Attendant.

Undertaker, Henry Hoch

Place of Business, 309 Central Ave *Address* Broadway Depot

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 9473

Special attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9473

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 28 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, April 27th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Henrietta Franklin

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Forty Six *Years,* " *Months,* " *Days.*

Color, Light Chestnut *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Washerwoman

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Calvert County Md

Duration of Residence in the City of Baltimore, Thirty Years

Place of Death, {Give street and number.} 234 Leadenhall st

Cause of Death, {First (Primary,) Consumption of the Lungs
Second (Immediate,)

Duration of Last Sickness, Forty five days

All the above information should be furnished by the Physician.

John F. Brown M. D.
Medical Attendant.

Place of Burial,

Date of Burial,

Undertaker,

Place of Business, Address 176 S. Howard st
Balt Md

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

...to the REMARKS BELOW, and to LIST of DISE... BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9474

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 28 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, ~~Mary E. Johnson~~ April 26th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary E. Johnson

Sex, Male or Female, {Cross out the word not required in this line.} F Male

Age, — *Years,* 8 *Months,* — *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 279 S. Eutaw St.

Cause of Death, {First (Primary.) Spasms

Second (Immediate,) Short

Duration of Last Sickness,

All the above information should be furnished by the Physician

Place of Burial,

Date of Burial,

Undertaker,

Place of Business,

R. E. Lee M. D.

~~Medical Attendant~~ Coroner S. D.

N. W. Cor. Address Hanover & Baltimore Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 9475

...Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9475

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 28 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, April 26th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Thos W. Morris

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 20 *Years,* 1 *Months,* 2 *Days.*

Color, ~~Sex,~~ Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Brick Maker

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} No 90 Loudon Alley

Cause of Death, First (Primary,) 15 years injury of the Spine

Second (Immediate.) Consumption

Duration of Last Sickness, 2 Months

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, April 28 76

Undertaker, [illegible]

Place of Business, [illegible]

R. C. Lee M. D.
Medical Attendant.

Address N. W. cor Hanover & Barre sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 9476

...section of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9476

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 28 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, April 27. 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Patrick

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 76, *Years,* *Months,* *Days.*

Color, White. *Sex,* Male.

Married, ~~Single, Widow or~~ Widower, {Cross out the words not required in this line.}

Occupation, None.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 64 years.

Place of Death, {Give street and number.} 111 N. High St

Cause of Death, {First (Primary,) Pneumonia.
{Second (Immediate,)

Duration of Last Sickness, 10 days.

All the above information should be furnished by the Physician.

Place of Burial, Lutheran Ground

Date of Burial, April 29th 1876

Undertaker, Thos. J. Hughes,

Place of Business, 411 E. Pratt

J. H. Hanck, M. D.
Medical Attendant.

Address 75 E. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of ... on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9477

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 28 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, April 26 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Thos Peate Boston

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 32 *Years,* — *Months,* — *Days.*

Color, W

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Letter Pressers

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Canada ed Nov

Duration of Residence in the City of Baltimore, 16 years

Place of Death, {Give street and number.} 118 George St Balth

Cause of Death, {First (Primary,) / Second (Immediate,)} Consumption

Duration of Last Sickness, about 2 years

All the above information should be furnished by the Physician

Place of Burial, Mont Olivet Cem

Date of Burial, April 28th 1876

Undertaker, Chas F. Scriven

Place of Business, 277 W Eutaw St

J H Pattison M. D.
Medical Attendant.

Address 23 Franklin St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 9478

The special attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9478.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 28 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, April 27. 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Edward Clinton Small

~~*Sex, Male or Female,*~~ {Cross out the word not required in this line.}

Age, ~~39~~ 40 *Years,* 2 *Months,* —— *Days.*

Color, *Sex,*

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, merchant

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maine

Duration of Residence in the City of Baltimore, about 20 years

Place of Death, {Give street and number.} 311 Madison ave

Cause of Death, First (Primary,) ——

Second (Immediate,) Phthisis Pulmonalis

Duration of Last Sickness, 1 year and 10 months

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, April 29. 1876

Undertaker, P. Godefroy

Place of Business, 4 Bower's Sq

G. Lane Taneyhill M. D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and conditlon (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 9179

Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9479

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 28 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 28

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lavinia Gurney

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 56 *Years,* — *Months,* — *Days.*

Color, White *Sex,* Female

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 5 Years

Place of Death, {Give street and number.} 296. Light

Cause of Death, First (Primary,) Chronic of the Brain

Second (Immediate,)

Duration of Last Sickness, 18 Months

All the above information should be furnished by the Physician.

Place of Burial, Chestertown Md *Attended* Theodore Cook M. D.

Date of Burial, April 28 1876 Medical Attendant.

Undertaker, Armstrong & Denny *Address* 146. Hanover St

Place of Business, Light St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

(Transit 427)

No. 9770

...ns is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9480

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 28 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, April 27th 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jacob. Wagner

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, White *Years,* 9 *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, 9 mos.

Place of Death, {Give street and number.} Wolf st. No. 201.

Cause of Death, First (Primary,) Cholera. Infantum.

Second (Immediate,) Convulsions.

Duration of Last Sickness, One Week.

All the above information should be furnished by the Physician.

Place of Burial, Point Graveyard

Date of Burial, April 28th 1876

Undertaker, H. H. Gibmeyer

Place of Business, 341 Canton Av.

Christian. H. Schultz. M. D.
Medical Attendant.

Address S.W. cor. Wolf st & Canton av.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 9481

Special attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9481

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 28 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, April 26 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henry Engel

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 55 *Years,* 7 *Months,* 5 *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} married

Occupation, Hotel Keeper

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 38 years

Place of Death, {Give street and number.} 33 N Jay

Cause of Death, First (Primary,) Consumption

Second (Immediate,)

Duration of Last Sickness, Two years.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore City Abram B Arnold M. D.

Date of Burial, Apr 29 Medical Attendant.

Undertaker, C. Thomas

Place of Business, [illegible] *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 9482

...section of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9482

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 28 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, April 27th

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mrs Sarah Elizabeth Gant

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 23 *Years,* *Months,* *Days.*

Color, Col *Sex,*

Married, ~~Single~~, ~~Widow or Widower~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } U S

Duration of Residence in the City of Baltimore, Native

Place of Death, { Give street and number. } No 23 Chestnut Alley

Cause of Death, { First (Primary,) Consumption

Second (Immediate,) Hemorrhage (Lungs)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 29th 1876

{ *Undertaker,* Wm J Gray

Place of Business, 65 Smithey St

W W Antrim M. D.
Medical Attendant.

Address 192 Read St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...ESPECTFULLY INVITED to the REMARKS BELOW, and ... of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9483

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 28 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, April 27th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John C. Brand

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 34 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Carpenter

Birthplace, {State or country; and how long in the United States, if of foreign birth} Germany

Duration of Residence in the City of Baltimore, 12 yrs,

Place of Death, {Give street and number.} House of Good Shepherd

Cause of Death, {First (Primary,) Second (Immediate,)} Accidentally fell from top of House

Duration of Last Sickness, Immediate

All the above information should be furnished by the Physician

Place of Burial, St. Louis Cemetery

Date of Burial, April 30th 2 P.M.

Undertaker, Chas Snyder

Place of Business, 252 Canton Av.

Geo C Ogle Coroner, M. D.
Medical Attendant

Address 229 Cary st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

...ion 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the ... who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight ... the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the ...ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and ... except in cases of births and deaths of illegitimate children.

[OVER.]

No. 9484

...respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9484

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 29 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 28th 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John F. C. Haber

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 68 *Years,* 7 *Months,* 1 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Cigar maker

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany 16 yrs

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 167 William St.

Cause of Death, First (Primary,) Apoplexy

Second (Immediate,)

Duration of Last Sickness, 3 or 4 hrs.

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet

Date of Burial, 30

Undertaker, C. Kraus

Place of Business, 209 Hanover

J. H. Smith M. D.
Medical Attendant.

Address 108 S. Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

9485

...ssion of Physicians is respectfully invited to the remarks below. ...of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9485

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 29 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 27th 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Charles Lochmer.

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 4 *Years,* — *Months,* 4 *Days.*

Color, White. *Sex,* Male.

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Tailor

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany.

Duration of Residence in the City of Baltimore, 3 years

Place of Death, {Give street and number.} Baltimore. Mulberry St. near Pearl

Cause of Death, First (Primary,) Disease of Brain.

Second (Immediate,) Apoplexy

Duration of Last Sickness, Two days

All the above information should be furnished by the Physician.

Place of Burial, Balto. Cemetery

Date of Burial, April 29th 1876

Wm. H. Cokes M. D.
Medical Attendant.

Undertaker, C. J. Schriever

Place of Business, No 271 W Baltimore *Address* 141 St Paul St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

9486

...ttention of Physicians is respectfully invited to the remarks below, an... ...Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9486

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 29 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 28th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Thomas. H. Boyce

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, Three (3) *Years,* Eight (8) *Months,* — *Days.*

Color, White *Sex,* Male

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, 3 Years & Eight Months

Place of Death, {Give street and number.} No 20 Wyatt St

Cause of Death, {First (Primary,) Meningitis
Second (Immediate,) Convulsions

Duration of Last Sickness, Four (4) Days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore cem'ty Jno. D. Blake M. D.

Date of Burial, April 30 1876 Medical Attendant.

Undertaker, Charles F. Herold *Address* No 136 Sec. St. Pl.

Place of Business, 161 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

9487

...Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9487

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 29 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 28' 76

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Richard Brewer,

~~*Sex*~~, *Male or* ~~*Female*~~, {Cross out the word not required in this line.}

Age, 29 *Years,* ——— *Months,* ——— *Days.*

Color, White *Sex,* Male

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, Butcher,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City,

Duration of Residence in the City of Baltimore, 29 Yrs

Place of Death, {Give street and number.} Washington University Hospital,

Cause of Death, {First (Primary,) Intemperance
Second (Immediate,) Typhoid Fever,

Duration of Last Sickness, Three Weeks—

All the above Information should be furnished by the Physician.

Place of Burial, Greenmount Cem A S Wolfe M. D.

Date of Burial, April 30, 76 Medical Attendant.

{*Undertaker,* Jos J Pickenmayer *Address* Washington University

{*Place of Business,* N E Cor Summit Hospital,
& Monument St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 9[illegible]

...ysicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certi...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9488

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 29 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 28. 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary A. Wilson

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, 63 *Years,* — *Months,* — *Days.*

Color, White *Sex,* Female.

~~Married~~, ~~Single~~, Widow ~~or Widower~~, {Cross out the words not required in this line.} Widow.

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life.

Place of Death, {Give street and number.} 47 N. High St.

Cause of Death, First (Primary,) Gastro-Enteritis.

Second (Immediate,)

Duration of Last Sickness, Was under my care 11 days.

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemt

Date of Burial, April 30. 76

Undertaker, Jos. I. Tiddings

Place of Business, N.E. Cor Greenmount Ave & Monument St

Wm. F. Powell. M. D.
Medical Attendant.

Address 72 E. Pratt St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 9[illegible]

Special attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certi[illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9489

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 29 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 27th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Harry Trisp

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 9 *Years,* *Months,* *Days.*

Color, Cal *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} US Native

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} In 115 Sarah Ann st

Cause of Death, { First (Primary,) Consumption (Lungs)
{ Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, [redacted] Senatary

Date of Burial, [redacted] april 29

Undertaker, Wm N Dungle

Place of Business, 104 east st

M M Austin M. D.
Medical Attendant.

Address 192 Pearl st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

No. 91[illegible]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 91490

The Physicinn who attended nny person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 29 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, April 28th 10 P.M. 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George Meinbrenner

Sex, Male or Female, {Cross out the word not required in this line.} Mall

Age, 7 *Years,* 4 *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 183 S. Bethel

Cause of Death, First (Primary,) Scarlatina

Second (Immediate,) Dropsy - Thirty days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mt. Cemetery

Date of Burial, 29th day of April

Undertaker, Francis Cramer

Place of Business, 219 Hanover Street

James E. Donnelly M. D.
Medical Attendant.

Address 299 E. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 9

Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Cert...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9491

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 29 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 28th April 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} R J Hodges

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 31 *Years,* — *Months,* — *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Clerk

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number.} Nr 408 Charles St

Cause of Death, First (Primary,) Acute Albuminuria,

Second (Immediate.)

Duration of Last Sickness, 30 days

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cem.

Date of Burial, April 30th/76

Undertaker, Armstrong & Denny.

Place of Business,

C. K. Jones M. D.
Medical Attendant.

Address Nr 530 W. Fayette

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 9

...ttention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Cer...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9494

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. APR 29 1876 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, April 29. 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James A. Pilchard.

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, 4 *Years,* 10 *Months,* *Days.*

Color, Col'd *Sex,* Male

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} Single

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore.

Duration of Residence in the City of Baltimore, Life.

Place of Death, {Give street and number.} 23 N. Slicker St.

Cause of Death, First (Primary,) Tuberculosis.

Second (Immediate,) Convulsions.

Duration of Last Sickness, 10 days.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, 29th inst.

Undertaker, J. Schaefer

Place of Business, 160 Camden St *Address* 726 Pratt St.

Prof. Powell M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

The special attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this cer...

Board of Health, City of Baltimore,

Permit No. 9493

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 29 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, April 28th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Laura Virginia Greenfield

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, Thirty seven *Years,* ——— *Months,* Twenty two *Days.*

Color, White *Sex,* Female

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Talbot Co Md

Duration of Residence in the City of Baltimore, twenty two years

Place of Death, {Give street and number.} 275 Leadale St

Cause of Death, {First (Primary,) Consumption
Second (Immediate,)

Duration of Last Sickness, Four Months

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, Apl 30 1876

Elias C Price M. D.
Medical Attendant.

Undertaker, Chas. A. Ponder

Place of Business, No 520 N. Balto *Address* 262 Madison st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CE...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9494

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 29 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, April 28th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wesley T. Gordon

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 2 *Months,* ___ *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ___

Occupation, ___

Birthplace, {State or country (and how long in the United States, if of foreign birth)} Balto. City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} No 269 Montgomery St,

Cause of Death, {First (Primary.) / Second (Immediate,)} Supposed to be, Consumption. One Month

Duration of Last Sickness, ___

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, April 29. 76

Undertaker, Samuel Wilson

Place of Business, 69 Hanover

R. C. Lee M. D.
~~Medical Attendant~~ Coroner's P.D.

Address N. W. Cor Hanover & Barre Sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 911

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9495

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 29 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 28th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elisabeth Toepfer

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, *Years,* 17 *Months,* 16 *Days.*

Color, white *Sex,* female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 389 N. Durham Street

Cause of Death, {First (Primary,) / Second (Immediate,)} Marasmus

Duration of Last Sickness, about 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Hebron Cem. Chas. J. Kinsler *M. D.*

Date of Burial, April 30 1876 Medical Attendant.

Undertaker, Henry Tyczt *Address* 223 N. Broadway

Place of Business, 304 Central Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...returns of all Permits for Bur... No. 9496

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

Permit No. 9496

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT APR 29 1876 BALTIMORE

Date of Death, April 28th 76

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Anthony Hildebrand

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 2 *Years,* 10 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} U.S. Somerset St

Duration of Residence in the City of Baltimore. Lifetime

Place of Death, {Give street and number.} 9 S. Somerset St.

Cause of Death, {First (Primary.) Scarlet Fever

{Second (Immediate.) Cerebral Coma

Duration of Last Sickness, Two days

All the above information should be furnished by the Physician

Place of Burial, St. Paul's Cem.

Date of Burial, April 30 1876

Undertaker, Chas. Hoof

Place of Business, 309 E. Baltimore St.

Jno. Buckler M. D. Medical Attendant.

Address 168 E. Eager St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

FILM

No. 9[illegible]

[illegible] PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERT[illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9497,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 29 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, April 28th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Edward Hume

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 4 *Years,* 8 *Months,* 1 *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto city

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number} 419 Hamburg St

Cause of Death, {First (Primary,) Diphtheria

{Second (Immediate,) Progressive Paralysis

Duration of Last Sickness, 9 Weeks

All the above information should be furnished by the Physician. Never Certified

Place of Burial, [illegible]

Date of Burial, April 30th 1876

Undertaker, Wm S Thacher

Place of Business, No 150 Camden

J H Hume M. D.
Medical Attendant

Address 76 S Paca St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

SAFETY

No. 9[illegible]

Special attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certi[illegible]

Board of Health, City of Baltimore,

Permit No. 9498

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 29 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, April 28th 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Leopold Goldman

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Eight *Years,* ——— *Months,* ——— *Days.*

Color, White *Sex,* Male.

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ———

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, ———

Place of Death, {Give street and number.} 235 W. Lombard St

Cause of Death, {First (Primary.)} Pneumonia Congosa

{Second.(Immediate.)} Asphyxia

Duration of Last Sickness, Eight Days.

All the above information should be furnished by the Physician.

Place of Burial, Green St. Cem. Cemetery

Date of Burial, April 30th 76.

S. Adler M. D.
Medical Attendant.

Undertaker, Levi Herzog.

Place of Business, 91 E. Fayette St *Address* 29 S. Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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...SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFI...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9499

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 29 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, April 27th. 76.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Chas. Holeham

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Years, 7 Months, 4 Days.

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth)} Balto city

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} Nor. E. Side Eutaw.

Cause of Death, First (Primary,) (Catarrh) Pneumonia,

Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician

Place of Burial, St Peters Cemetery

Date of Burial, April 29th 1876

Undertaker, James F Byrne

Place of Business, No 63 W Front St

Lud. H. Hansen, M. D.
Medical Attendant.

Address 133 N. Eutaw.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Special attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certi...

Board of Health, City of Baltimore,

Permit No. 9500

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT APR 29 1876 BALTIMORE

Date of Death, April 27th 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Bea Burns.

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 18 *Years,* ____ *Months,* ____ *Days.*

Color, White

Sex, Single

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 10 months.

Place of Death, {Give street and number.} 170 N. Front St.

Cause of Death, {First (Primary,) (Heart Disease

{Second (Immediate,) Two days.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Holy cross Cemetery

Date of Burial, April 29 1876

{*Undertaker,* James D Byrne

{*Place of Business,* No 63 W Front St

S. J. Knight M. D.
Medical Attendant.

Address 112 N. Greene

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this C

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9501

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 29 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, April 29

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Annie Mary Annie Offerman

Sex, ~~Male or~~ Female, { Cross out the word not required in this line. }

Age, 2 *Years,* 6 *Months,* 29 *Days.*

Color, White *Sex,* Female

Married, Single, ~~Widow or Widower~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } B. C.

Duration of Residence in the City of Baltimore, 2 Y 6 Mo 29 da.

Place of Death, { Give street and number. } 50 Washington Rd,

Cause of Death, { First (Primary,) Scarlatina
Second (Immediate,) Convulsions

Duration of Last Sickness, about 24 hours

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, 30th April

H. W. Webster *M. D.*
Medical Attendant.

Undertaker, Julius Roehr *Address,* ~~Harp st~~ 382 W Lombard st

Place of Business, 360 Sharp st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this

Board of Health, City of Baltimore,

Permit No. 9502

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT APR 29 1876 BALTIMORE

Date of Death, April 28. 76

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary C. Nichols

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 53 *Years,* 2 *Months,* 9 *Days.*

Color, White *Sex,* Female

Married, ~~Single, Widow or Widower~~ {Cross out words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 53 yrs 2 mos 9 days

Place of Death, {Give street and number.} 854 N. Hicken Ave

Cause of Death, First (Primary,) Lucia Tibial Valve

Second (Immediate,) Asphyxia.

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Ken. Park.

Date of Burial, April 30th 1876

Edwd H. Bostwick M. D.
Medical Attendant.

Undertaker, Chas T Scriven

Place of Business, 211 N Eutaw St *Address* 211 N Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this C

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9503

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 30 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 28th April 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jacob Henry Budeke.

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 1 *Years,* 2 *Months,* 23 *Days.*

Color, white *Sex,*

~~Married, Single, Widow or Widower,~~ {Cross out the words not required in this line.}

~~Occupation,~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md.

~~Duration of Residence in the City~~ of Baltimore, since birth

Place of Death, {Give street and number.} 133 S. Broadway.

Cause of Death, ~~First (Primary,)~~ Second (Immediate,) Croup.

Duration of Last Sickness, three days

All the above information should be furnished by the Physician.

Place of Burial, Balto. Cemetery

Date of Burial, April 30th 1876

Robert Smith M. D.
Medical Attendant.

Undertaker, H a Daiger

Place of Business, 74 S Bdwy Address 42 S. Broadway.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No.

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9504

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 30 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, April 28th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lucy Ann Hostler

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 6 *Years,* 11 *Months,* 1 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore. Since Birth

Place of Death, {Give street and number.} No 266 N. Bond St Balto City

Cause of Death, {First (Primary,) Diphtheria

{Second (Immediate,)

Duration of Last Sickness, About nine Days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, April 30th 1876

J. Ridgway Andre M. D.
Medical Attendant

{*Undertaker,* W A Daiger

{*Place of Business,* 174 W Balto St

Address No 121. E Balto st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

No.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9505

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 30 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, April 29th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Ann Allen

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 33 *Years,* ——— *Months,* ——— *Days.*

Color, White *Sex,* Female

Married, ~~Single, Widow or Widower~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Belfast Ireland

Duration of Residence in the City of Baltimore, 20 Years

Place of Death, {Give street and number.} # 24 Hamburg St

Cause of Death, First (Primary,) Unknown

Second (Immediate,) Typhoid Fever

Duration of Last Sickness, 14 days

All the above information should be furnished by the Physician.

Place of Burial, Round Hill Cemetery

Date of Burial, May 1st 1876

J. A. Bece M. D.

Medical Attendant.

Undertaker, Charles F. Mercer

Place of Business, 161 Hanover St *Address* 161 S. Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person *or* persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

No.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of th

Board of Health, City of Baltimore,

Permit No. 9506

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 30 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, April 26 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles A Hall

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 37 *Years,* 9 *Months,* 19 *Days.*

Color, White *Sex,*

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Machinist

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 37 years

Place of Death, {Give street and number.} Ramsey st W of Calhoun no number

Cause of Death, {First (Primary,) Consumption

Second (Immediate,)

Duration of Last Sickness, 3 years

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, April 30 1876

{*Undertaker,* C H Blizzard

Place of Business, 201 Penn av *Address*

W D Steele M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of [illegible]

Board of Health, City of Baltimore,

Permit No. 9517

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of ~~said~~ deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 30 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, April 29th 1876

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Thomas Arnold

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, *Years,* 9 *Months,* 2 *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, 9 yrs 2 days

Place of Death, { Give street and number. } 207 Pine Corner

Cause of Death, First (Primary,) Cerebro Spinal

Second (Immediate,)

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, St. Thomas's

Date of Burial, May 1

Undertaker, Jno Schilling

Place of Business, 72 Seventh

[illegible] *M. D.*

Medical Attendant.

Address [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. ____

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9508

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

BALTIMORE HEALTH DEPARTMENT APR 30 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 29th April 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary E. Tall

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 33 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore city

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 359. Lights

Cause of Death, {First (Primary.) Pneumonia (Typhoid)
Second (Immediate,)

Duration of Last Sickness, one week

All the above information should be furnished by the Physician

Place of Burial, Balto Cemetery

Date of Burial, May 1st 1876

Undertaker,

Place of Business.

H. W. Webster M. D.
Medical Attendant

Address 57 Barre St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children

[OVER.]

No.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of th...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. ~~XX~~ 9509

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 30 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, April 27th 76.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Philip Chamberlain.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 79 *Years,* 3 *Months,* *Days.*

Color, White *Sex,* Male.

~~Married~~, ~~Single~~, ~~Widow~~ or Widower, {Cross out the words not required in this line.}

Occupation, Sailor.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Havre de Grace.

Duration of Residence in the City of Baltimore, 61 Years.

Place of Death, {Give street and number.} No. 193 N. Caroline St.

Cause of Death, First (Primary,) Apoplexia & Paralysis.

Second (Immediate,) Senile Prostration

Duration of Last Sickness, 8 Years.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery. Geo. H. Hayes. M. D.

Medical Attendant.

Date of Burial, May 1

Undertaker, Army

Place of Business, 54 N. Broadway *Address* 18 Aliquot St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

...TION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty ...ysician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish ...ty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate ...h, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person ...d the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 7

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of th

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9570

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 30 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 29th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Leonora Gill

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Years, 7 Months, 21 Days.

Color, white *Sex,* female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 298 Bank street.

Cause of Death, First (Primary,) Pneumonia.

Second (Immediate,) Asthenia

Duration of Last Sickness, 17 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, May 1

Undertaker, Ankety

Place of Business, 822 Broadway

Chas. J. Kluber M. D.
Medical Attendant.

Address 222 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9571

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 30 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, April 29th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Clarence Haller

~~Sex,~~ *Male* ~~or Female,~~ {Cross out the word not required in this line.}

Age, 6 *Years,* 6 *Months,* 11 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 133 N. Gay Street

Cause of Death, {First (Primary,) Gastro Enteritis — Second (Immediate,) Bleeding —

Duration of Last Sickness,

All the above information should be furnished by the Physician

Place of Burial, Greenmount Cemetery

Date of Burial, May 1st 1876

Louis L Emerson, *M. D.*
Medical Attendant.

Undertaker, John F. Weaver

Place of Business, ~~#~~ 22 N. Fayette St *Address* 133 N. Gay st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of Illegitimate children.

[OVER.]

No. 1

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this C

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9572

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if required so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 30 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Apr. 29th 76

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Vincent Premoda

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 82 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widower

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Trieste Austria

Duration of Residence in the City of Baltimore, Dont Know

Place of Death, {Give street and number.} Not Little Sisters of the Poor

Cause of Death, {First (Primary.) Old age

Second (Immediate,) Infirmity

Duration of Last Sickness, Dont Know

All the above information should be furnished by the Physician

Place of Burial, Holy Cross

Date of Burial, April 30th 1876

Undertaker, N. Schuelties

Place of Business, E. Townsend

Jno Burke Doyle M. D.
Medical Attendant.

Address 166 E. Eager St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 7

THE SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this C...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9513

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 30 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Apr. 29th 76

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Thomas Malone

Sex, Male or Female, {Cross out the word not required in this line.} likely to be male

Age, 79 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widower

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ont Town

Duration of Residence in the City of Baltimore, " "

Place of Death, {Give street and number} Inst. Little Sisters

Cause of Death, {First (Primary,)} old age

{Second (Immediate.)} Prostation & fatigue

Duration of Last Sickness, Was in the Inst only 3 days when taken

All the above information should be furnished by the Physician

Place of Burial, St. Peters Cemetery and

Date of Burial, April 30 1876 Jno. Burke Boyle M. D.

Medical Attendant.

Undertaker, H. Schuelthes

Place of Business, E Monument St Address 166 E Eager St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...ial attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of th...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9574

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 30 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, April 29th 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Christina Harmann

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 5 *Years,* 6 *Months,* 6 *Days.*

Color, white *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life.

Place of Death, {Give street and number.} 162 Choptank St

Cause of Death, {First (Primary,) Scarlet Fever

{Second (Immediate,) Dropsy

Duration of Last Sickness, 10 weeks

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, April 30 1876

James A Sloan M. D.
Attending Physician

{*Undertaker,* H. M. Gibneyer *Address* Commissioners of Health & Registrar
{*Place of Business,* Canton Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Information by H. M. Gibneyer Undertaker

Special attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of

Board of Health, City of Baltimore,

Permit No. 9515

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 30 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 29th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Maggie Williams

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, *Years,* Nine *Months,* Nine *Days.*

Color, Black *Sex,* —

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} No. 12, Biddle alley

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No. 27, Biddle alley

Cause of Death, First (Primary,) Cholera Infantum.

Second (Immediate.)

Duration of Last Sickness, Five days.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery G. B. Gardner *M. D.*

Medical Attendant.

Date of Burial, May 1st

Undertaker, William H. Pickup Jr. *Address* No. 121 Mulberry st.

Place of Business, 100 Druid Hill Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That wherever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. [illegible]

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this C[illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9516

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 1 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 29th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles Frederick Creamer

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, ~~Years~~, 2 Months, 2 Days.

Color, White

~~Married, Single, Widowed~~, {Cross out the words not required in this line.}

~~Occupation~~,

Birthplace, {State or country (and how long in the United States, if of foreign birth)} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} No 12 Shakspere St

Cause of Death, {First (Primary,) Meningitis.
Second (Immediate,)}

Duration of Last Sickness, Four weeks.

All the above information should be furnished by the Physician

Place of Burial, St. Michaels Cemetery

Date of Burial, 1st May 1876

Undertaker, F. C. Schuck

Place of Business, Biddle St.

Thomas D. Evans M. D.
Medical Attendant

Address No 18 Jackson Square

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. [illegible]

Special attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9517

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 1 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 27th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Maria L. Russell

Sex, ~~Male~~ *Female,* {Cross out the word not required in this line.}

Age, 30 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, ~~Single, Widow or Widower~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Kent Co Maryland

Duration of Residence in the City of Baltimore, 10 years

Place of Death, {Give street and number.} No 7 O. St Stricker St

Cause of Death, First (Primary,) Peritonitis.

Second (Immediate,) Typhoid fever

Duration of Last Sickness, Three weeks

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet cemetery

Date of Burial, May 1st

Undertaker, Hughes & Co

Place of Business, 550 Fayette

Thos Shearer M. D.
Medical Attendant.

Address 97 E. Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...ection of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9518.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 1 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, April 30th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Emily Day

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 5 8 — *Years,* 4 — *Months,* 15 — *Days.*

Color, *Sex,*

~~Married~~, ~~Single~~, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Howard County, Maryland

Duration of Residence in the City of Baltimore, 8 Years

Place of Death, {Give street and number.} 37 S. Schroeder St

Cause of Death, {First (Primary,) / Second (Immediate,)} Paralysis —

Duration of Last Sickness, 24 hours —

All the above information should be furnished by the Physician.

Place of Burial, Woodlawn Howard Co W. R. McKnew M. D.

Medical Attendant.

Date of Burial, May 2

Undertaker, S B Cook

Place of Business, 707 West Baltimore Address 582 W Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

(Transit 428)

Board of Health, City of Baltimore,

Permit No. 9579

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 1 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 29th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} David Wright

Sex, Male or Female, {Cross out the word not required in this line.} ....

Age, 49 *Years,* ... *Months,* ... *Days.*

Color, Cold *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Whole life

Place of Death, {Give street and number.} 37 Lemon

Cause of Death, {First (Primary,) Pulmon. Consumption

Second (Immediate,) Three months

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, E. Potters Field

Date of Burial, May 1st 1876

Undertaker, Chas Strusser

Place of Business, Pratt & Chester Sts Address 134 N High

S. T. Copper M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...special attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of...

Board of Health, City of Baltimore,

Permit No. 9520,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 1 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 29th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Frances Harris Williams

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.} Female

Age, One *Years,* Three *Months,* _____ *Days.*

Color, Colored *Sex,* _____

Married, Single, Widow or Widower, {Cross out the words not required in this line.} _____

Occupation, _____

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 218 South Caroline St

Cause of Death, First (Primary,) Heavy Cold - with

Second (Immediate,) General Decline

Duration of Last Sickness, abt Three months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 1st 1876

Undertaker, William A. Dunger

Place of Business, No. 164 East Balt. *Address* 179 E Baltimore St

G. E. Brooks M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

...ction of Physicians is respectfully invited to the remarks below, and to List of Diseases on back

Board of Health, City of Baltimore,

Permit No. 9521 — OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 1 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 28.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James Dolan

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 2. *Years,* 9. *Months,* 3. *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 105 Hamburg st

Cause of Death, First (Primary,) Membranous Croup

Second (Immediate,)

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, May 1 1876

Sheridan Coates M. D.
Medical Attendant.

Undertaker, E Hackhausen

Place of Business, 345 Light st *Address* 146 Hanover st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 9822

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

MAY 1 1876 HEALTH DEPARTMENT BALTIMORE

Date of Death, April 30 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Anna May Yunger

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, Years, 8 Months, Days.

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth)} Baltimore City

Duration of Residence in the City of Baltimore. Lifetime

Place of Death, {Give street and number.} 8 Johnson Pl

Cause of Death, {First (Primary,) Catarrhal Pneumonia
Second (Immediate,)}

Duration of Last Sickness, 2 minutes

All the above information should be furnished by the Physician

Place of Burial, Loudon Park

Date of Burial, May 2 1876

Undertaker, Chas F. Herold

Place of Business, Hanover St Address

J. Henry Litz M. D.
Medical Attendant

P. Hanson

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 9523,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAY 1 1876 BALTIMORE

Date of Death, April 30th 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Emeline Langlois.

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 77 *Years,* *Months,* *Days.*

Color, White

~~*Married, Single,*~~ *Widow or* ~~*Widower,*~~ {Cross out the words not required in this line.}

Occupation, Housekeeper.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} ~~Md~~ Kent Co. Md.

Duration of Residence in the City of Baltimore, Sixty years.

Place of Death, {Give street and number.} 219 E. Lombard, 2nd.

Cause of Death, {First (Primary,) Ulcerated Stomach. Second (Immediate,) Exhaustion.

Duration of Last Sickness, Three months.

All the above information should be furnished by the Physician

Place of Burial, Greenmount Cem.

Date of Burial, May 2nd 1876

Undertaker, C. A. Hall

Place of Business, 233 E. Balto.

Medical Attendant, J. Glanville, Jun. M. D.

Address 301 Park. Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...ial attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9524

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 1 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 30th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Hiram Lowell

~~*Sex,*~~ *Male or* ~~*Female,*~~ {Cross out the word not required in this line.}

Age, 6 hrs. ~~*Years,*~~ ~~*Months,*~~ ~~*Days.*~~

Color, white *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} No. 72 Choptank St. Balto. city

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No. 72 Choptank St. " "

Cause of Death, {First (Primary,) Eclampsia
~~Second (Immediate,)~~} 7 months Utero Eclalion

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery R. N. Mansfield *M. D.*
Medical Attendant.

Date of Burial, May 1st 1876

Undertaker, Jacob Weaver

Place of Business, No 496 Druid Hill Ave *Address* 117 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

ATTENTION OF PHYSICIANS IS RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9525

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 1 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 29th 76

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Anna Mary Pflaum

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 1 *Years,* 1 *Months,* 20 *Days.*

Color, White

~~Married~~, *Single, Widow or Widower,* {Cross out the words not required in this line}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth)} Baltimore

Duration of Residence in the City of Baltimore. Life time

Place of Death, {Give street and number} 132. Pierce

Cause of Death, First (Primary.) Pneumonia

Second (Immediate,) Typhoid

Duration of Last Sickness, 30 days

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Ch.

Date of Burial, 1st of May

Undertaker, P. Kernan & C.

Place of Business, 57 Mulberry St.

Louis Bo Hoyo *M. D.*
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children

[OVER.]

...respectfully invited to the remarks below, and to List of Diseases on back.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9526

The Physicinn who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 1 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Sunday April 28th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Rebecca H. Ringgold

Sex, Male or Female, {Cross out the word not required in this line.} Female,

Age, 74 *Years,* *Months,* *Days.*

Color, White. *Sex,* Female,

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Delaware.

Duration of Residence in the City of Baltimore, about two years

Place of Death, {Give street and number.} 105 Columbia Ave.

Cause of Death, {First (Primary,) Consumptions / Second (Immediate,) Exhaustion

Duration of Last Sickness, about 15 Minutes

All the above information should be furnished by the Physician.

Place of Burial, Druid Hill County Md

Date of Burial, May 2d 1876

E. S. Johnson M. D.
Medical Attendant

{*Undertaker,* John Thacher
{*Place of Business,* No 151 Camden *Address* 153 S. Paca St City

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

(Transit 429)

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9527.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 1 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, April 30th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Thomas Ra[illegible]

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 3 *Days.*

Color, white *Sex,* male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} Lemon Alley near Canal St

Cause of Death, {First (Primary,) / Second (Immediate,)} Convulsions

Duration of Last Sickness, (illegible)

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery James A Steuart M. D.

Date of Burial, May 1st 1876 ~~Medical Examiner~~

Undertaker, I. B. Cook

Place of Business, 11 Bolton St. *Address* Commiss of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it is further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Information by Eliza Fullenkamp Midwife

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9528.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 1 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, April 29th, 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sarah Smith.

~~Sex,~~ *Male or Female,* {Cross out the word not required in this line.}

Age, *Years,* 69 *Months,* 11 *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 101 S. Exeter St

Duration of Residence in the City of Baltimore, ~~101 St. Exeter St~~ Lifetime

Place of Death, {Give street and number.} 101 S. Exeter,

Cause of Death, {First (Primary,) Pneumonia — Second (Immediate,)

Duration of Last Sickness, 4 days.

All the above information should be furnished by the Physician

Place of Burial, Green Mount

Date of Burial, May 1st, 1876

Victor Clemens M. D.
Medical Attendant.

Undertaker, Wm. H. Hickman

Place of Business, 23 & 25 St. Paul St. Address 133 N. Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9529

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 1 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, April 30th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Thomas Slyner

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, *Years,* 10 *Months,* *Days.*

Color, *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore.

Place of Death, {Give street and number.} 247 Preston St

Cause of Death, { First (Primary,) Meningitis
Second (Immediate,) Convulsions

Duration of Last Sickness, 2 weeks

All the above informations should be furnished by the Physician.

Place of Burial, Laurel Cemetery C Thurlow M. D.

Date of Burial, May 1, 76 Medical Attendant.

Undertaker, Samuel W Shaw *Address* 23 McCulloh St

Place of Business, 98 Howard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9530,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 1 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, April 29th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Smith

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.} Female

Age, 40 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} Married

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland 16 years in United States

Duration of Residence in the City of Baltimore, 16 years

Place of Death, {Give street and number.} 29 Hudson Alley

Cause of Death, {First (Primary,) / Second (Immediate,)} Consumption

Duration of Last Sickness, 13 months.

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetry

Date of Burial, May 1st 1876

Undertaker, James F Byrne

Place of Business, No 63½ Front St

Charles Lounder M. D.
Medical Attendant.

Address 57 Cathedral St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9531

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 1 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Unknown

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Unknown

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, About 50 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Unknown

Occupation, Unknown

Birthplace, {State or country (and how long in the United States, if of foreign birth)} Supposed to be Ireland

Duration of Residence in the City of Baltimore, Unknown

Place of Death, {Give street and number.} Unknown

Cause of Death, {First (Primary.) Supposed to be Accidentally Drowned / Second (Immediate.) Shock}

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, W. P. Cem.

Date of Burial, April 30th

Undertaker, H. Lee & Bro.

Place of Business, 448 W. Pratt

R. C. Lee M. D.

~~Medical Examiner~~ Coroner's Physician

Address Hanover & Barre Sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 9532 — OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 1 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, April 29th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jacob Mason

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 82 *Years,* ——— *Months,* ——— *Days.*

Color, white *Sex,* ———

~~Married,~~ *Single,* ~~Widow or Widower.~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 197 Druid Hill Ave

Cause of Death, {First (Primary,) old age

{Second (Immediate.) Paralysis,

Duration of Last Sickness, Sudden

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemetery *Jenness & Stevens* M. D.

Date of Burial, May 1st 1876

{*Undertaker,* C. H. Blizzard

{*Place of Business,* 201 Penna Ave *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

E T Y ▲ F I L M

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 9533

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 1 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 30 April 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Robert

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, *Years,* *Months,* 4 2 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Md Lying in Hospital

Duration of Residence in the ~~City of Baltimore.~~ Institution 13 days

Place of Death, {Give street and number.} St Vincents Infant Asylum

Cause of Death, First (Primary,) Atrophy

Second (Immediate,) Asthenia

Duration of Last Sickness, 13 days

All the above information should be furnished by the Physician

Place of Burial, Cathedral Cemetery

Date of Burial, May 2 1876

Undertaker, Emil Brown

Place of Business, 156 Division St.

Marbury Brown M. D.
Medical Attendant.

Address 201 W Biddle

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children

[OVER.]

D A K S A F E

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9534

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 1 1896 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, April 30 1896

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named give names of parents.} Mary Frances Lightner

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 22 *Years,* 6 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Somerset Co. Md.

Duration of Residence in the City of Baltimore. 10 years

Place of Death, {Give street and number.} 24 N. Dallas St.

Cause of Death, First (Primary.) Puerperal Fever

Second (Immediate.) Phthisis Pulmonalis

Duration of Last Sickness, Since April 21 st 1896

All the above information should be furnished by the Physician

Place of Burial, Greenmount.

Date of Burial, May 2nd 1896

Undertaker, Wm. Ely

Place of Business, S. W. Cor. Fayette & Broad

James E. Donnelle M. D.
Medical Attendant.

Address 2916 Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9536

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAY 1 1876 BALTIMORE.

Date of Death, May 1st 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Edward Bryan

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 3 *Years,* 8 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Queen Anns Co. Md.

Duration of Residence in the City of Baltimore. Two years

Place of Death, {Give street and number} 168 E. Eager St.

Cause of Death, {First (Primary.) Insufficiency of Heart Valves

{Second (Immediate.) Convulsions

Duration of Last Sickness, Two days

All the above information should be furnished by the Physician

Place of Burial, Queen Ann County

Date of Burial, May 2d 1876

Jno. Brooke Boyle M. D.
Medical Attendant

{*Undertaker,* James D Byrne

{*Place of Business* No 63 N Gay

Address 166 E. Eager St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Granet 4/30

[OVER.]

Board of Health, City of Baltimore,

Permit No. 9536

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 2 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 23 — 1876

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents } Wm John George Kinnaer

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 46 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, ~~Single, Widow or Widower~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Germany, Mecklenburg

Duration of Residence in the City of Baltimore, 23 Jany

Place of Death, { Give street and number. } 21 Brown st

Cause of Death, { First (Primary,) / Second (Immediate,) } Cancer of Stomach

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem

Date of Burial, May 2 1876

Undertaker, C. W. Stifford

Place of Business, 161 Lanvale st

Burden Jones M. D.
Medical Attendant.

Address 164 N. Howard st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 9537 OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAY 2 1876 BALTIMORE

Date of Death, May 1 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Francis Unrick

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Years, 2 Months, Days.

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Clay Street.

Duration of Residence in the ~~City of Baltimore~~ Institution 3 days

Place of Death, {Give street and number.} St. Vincents Infant Asylum.

Cause of Death, First (Primary.) Meningitis

Second (immediate,) Convulsions,

Duration of Last Sickness, 24 hours

All the above information should be furnished by the Physician

Place of Burial, Greenmount Cemetery

Date of Burial, May 2nd 1876

Undertaker, P. F. Kennedy

Place of Business, 11 Mulberry St.

Marbury Brown M. D.
Medical Attendant.

Address 201 W. Biddle Street.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9538

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 2 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 1st 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Daniel Clarke.

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 41 *Years,* *Months,* *Days.*

Color, *Sex,*

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Attorney at Law

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Prince Geo Co, Md.

Duration of Residence in the City of Baltimore, 4½ years.

Place of Death, {Give street and number.} 249 St Paul's St Balto.

Cause of Death, First (Primary,) Apoplexy.

Second (Immediate,)

Duration of Last Sickness, Ten days

All the above information should be furnished by the Physician.

Place of Burial, London Park County Md

Date of Burial, 3rd May 1876

Undertaker, Hy M Jenkins & Son

Place of Business, 16 Light St *Address*

Alan Hunt M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9529

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 2 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 1 76

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elisabeta Pannuller

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 4 2 *Years,* 7 *Months,* 5 *Days.*

Color, *Sex,* female

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 22 years

Place of Death, {Give street and number.} 293 W. Pratt str

Cause of Death, { First (Primary,) Consumption of lungs
{ Second (Immediate,) exhaustion

Duration of Last Sickness, 7 months

All the above information should be furnished by the Physician.

Place of Burial, Potters Cemetary

Date of Burial, 3th of May

{ *Undertaker,* Philip Arnold
{ *Place of Business,* 35 W. Eutaw St *Address* 137 W Fayette Str

D Pillsbury M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9510

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 2 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 1st 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Moritz Wagner

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 63 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Cabinet Maker

Birthplace, {State or country (and how long in the United States, if of foreign birth} Germany

Duration of Residence in the City of Baltimore. 43 years

Place of Death, {Give street and number} Corner of Lee & Eutaw

Cause of Death, First (Primary,) Carcinoma of Liver

Second (Immediate,) Asthenia

Duration of Last Sickness, About Eight Months

All the above information should be furnished by the Physician

Place of Burial, Baltimore Cemetery

Date of Burial, May 3 th

Undertaker, Henry Brice

Place of Business, Henrietta St 81

J. Whitridge Carroll M. D.
Medical Attendant.

Address N. E. Cor. Eutaw & Lee

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9571,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 2 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, April 29th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Kitty Coursey

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, About 39 *Years,* ——— *Months,* ——— *Days.*

Color, Col'd *Sex,*

~~*Married, Single,*~~ *Widow* ~~or Widower.~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Norfolk Va

Duration of Residence in the City of Baltimore, 20 Years

Place of Death, {Give street and number.} 171 Medtkin Street

Cause of Death, { First (Primary,) Rheumatism
Second (Immediate,) Consumption

Duration of Last Sickness, 5 years

All the above information should be furnished by the Physician.

Place of Burial, Dallas St. Cemetery Penn. Mena 5 M. D.

Date of Burial, May 2nd 1876

{ *Undertaker,* John W. Locks
{ *Place of Business,* Wolf St *Address* Commiss of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Information Mary E. Coursey Daughter

Board of Health, City of Baltimore,

Permit No. 9542 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 2 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, April 29th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Joseph Faithful

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, Sixty seven *Years,* ——— *Months,* ——— *Days.*

Color, White *Sex,*

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Physician

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore, Md.

Duration of Residence in the City of Baltimore, All his life

Place of Death, {Give street and number.} 257, W. Fayette Street

Cause of Death, First (Primary,) Cancer of the Stomach

Second (Immediate,)

Duration of Last Sickness, Several months.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, May 2d 1876

Henri Wiener M. D.
Medical Attendant.

Undertaker, Chas J Scriven

Place of Business, 271 N Eutaw St *Address* 249, W. Fayette.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATIS

Permit No. 9543,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAY 2 1876 BALTIMORE.

Date of Death, May 1st 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wm McLaughlin

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 18 *Years,* 2 *Months,* 16 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word is not required in this line.} Single

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth)} Balto. Co Md.

Duration of Residence in the City of Baltimore, 16 years

Place of Death, {Give street and number.} S. W. cor Clements & Covkrie sts L.P.

Cause of Death, {First (Primary,) / Second (Immediate,)} Injuries on the head producing Concussion of the brain

Duration of Last Sickness, 15 hours

All the above information should be furnished by the Physician

Place of Burial, Cathedral Cemetery

Date of Burial, May 2nd

Undertaker, M. Clarke Sons

Place of Business, 44 E. Balto St

C C Lee M. D.

N. W. cor Coroners Jr.

Address Hanover & Barre Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 9514

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 2 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, April 30. 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Constine Wilson

~~Sex~~, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 3 *Years,* 7 *Months,* 13 *Days.*

Color, Negro *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 21 Whiteoak

Cause of Death, First (Primary,) Paralysis

Second (Immediate,) Spinal Meningitis

Duration of Last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, Lamar Cemetary

Date of Burial, May 2 1876.

Undertaker, George Lafferman

Place of Business, 19 Eutaw Street.

W. A. B. Sellman M. D.
Medical Attendant.

Address Cor Laurale St and Carollton Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 9545

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAY 2 1876 BALTIMORE

Date of Death, May 1st 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} William H. Fowler

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 77 *Years,* ——— *Months,* ——— *Days.*

Color, white *Sex,*

Married, ~~Single, Widow or Widower~~ {Cross out the words not required in this line.}

Occupation, Carpenter Smith

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Unknown

Place of Death, {Give street and number.} 219 McElderry Street

Cause of Death, First (Primary,) Cancer on his Nose

Second (Immediate,) Exhaustion

Duration of Last Sickness, 3 years

All the above information should be furnished by the Physician.

Place of Burial, Green Mount James Henry M. D.

Date of Burial, May 3rd 1876 ~~Medical Attendant.~~

Undertaker, Richd Hall

Place of Business, 233 E. Balto St *Address* Commissioners of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Information by Richard Hall Undertaker

Board of Health, City of Baltimore,

Permit No. 9546

OFFICE OF REGISTRAR OF VITAL STATIS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 2 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 30th 1876

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Phil Maxwell

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, Fifty Six *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, ~~Single, Widow or Widower~~, { Cross out the words not required in this line. }

Occupation, Grocer Retail

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Ireland

Duration of Residence in the City of Baltimore, Forty Eight years

Place of Death, { Give street and number. } Corner of Paca & Washington Sts.

Cause of Death, { First (Primary,) Rheumatism
Second (Immediate.) Exhaustion of the heart

Duration of Last Sickness, About two days

All the above information should be furnished by the Physician.

Place of Burial, St Patrick's Cemetery

Date of Burial, May 1st 1876

{ *Undertaker,* W A Daiger
{ *Place of Business,* 41 & 43 Bond

Wm. A. Taylor M. D.
Medical Attendant.

Address 153 W. Conway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 9747.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 2 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 1 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles W Keiser

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 1 *Years,* 7 *Months,* — *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 59 Collington Aven.

Cause of Death, { First (Primary,) Tubercular Meningitis

{ Second (Immediate,)

Duration of Last Sickness, 12 days.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, May 2d 1876

{ *Undertaker,* M. A. Daiger

{ *Place of Business,* 4 & 13 Ave

Abram B Arnold M. D.
Medical Attendant.

Address 5 D Light St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 9578.

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAY 16 1916

Date of Death, [redacted]

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mrs Sarah Reynolds

~~*Sex, Male or*~~ *Female,* { Cross out the word not required in this line. } female.

Age, 27 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, ~~*Single, Widow or Widower,*~~ { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, since birth

Place of Death, { Give street and number. } 109 Hudson St Canton

Cause of Death, { First (Primary,) Phthisis
Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Bel Air Cemetery

Date of Burial, 3rd of May 1916 Buckler Jones M. D.
Medical Attendant.

{ *Undertaker,* [illegible]
{ *Place of Business,* [illegible] *Address* 164 N. Howard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTI

Permit No. 9549

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 2 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 1st 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Francis D Lane

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 25 *Years,* 5 *Months,* *Days.*

Color, White *Sex,* Male

Married, ~~*Single, Widow or Widower*~~ {Cross out the words not required in this line.}

Occupation, Machinist

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Fredrick Md

Duration of Residence in the City of Baltimore, 27 years

Place of Death, {Give street and number.} Baker st Second house west of Pennsylvania Ave

Cause of Death, {First (Primary,) Consumption

{Second (Immediate,)

Duration of Last Sickness, 5 Months

All the above information should be furnished by the Physician.

Place of Burial, Laudon Park Cy J F Dudley *M. D.*

Date of Burial, May 3 Medical Attendant.

{*Undertaker,* J Hebbeln Address 43 Hulberry st

{*Place of Business,* 262 Penn Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATIST

Permit No. 9530

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTM... MAY 2 1876 BALTIMORE

Date of Death, May 1st 76

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Florence E. Hays

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.} Female

Age, 21 *Months,* 10 *Days.* — *Years,*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} Single

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth} Balto all her life

Duration of Residence in the City of Baltimore.

Place of Death, {Give street and number.} 23 S Fremont St

Cause of Death, {First (Primary.) Scarlatina Maligna / Second (Immediate,) Septicaemia

Duration of Last Sickness, 14 hours

All the above information should be furnished by the Physician

Place of Burial, Baltimore Cemetery

Date of Burial, May 3rd 1876

Undertaker, Andrew Fulton

Place of Business, 1184 and 1186 *Address* 56 N. Green St

W. T. Hilkert *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTI

Permit No. 9537,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 2 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 1st 1876.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Julia Frey.

Sex, ~~Male~~ or *Female,* { Cross out the word not required in this line. }

Age, 37 *Years,* — *Months,* 14 *Days.*

Color, — *Sex,* Fem.

Married, ~~*Single, Widow or Widower,*~~ { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Germany.

Duration of Residence in the City of Baltimore, 5 years.

Place of Death, { Give street and number. } 415 S. Charles St.

Cause of Death, { First (Primary,) Phthisis Pulmonalis. / Second (Immediate,) }

Duration of Last Sickness, 3 or 4 years.

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, May 3. 1876

{ *Undertaker,* Philip F. Dill
{ *Place of Business.* Columbia av. 183

Dr. J. N. Tacc, M. D.
Medical Attendant.

Address 158 S. Sharp,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 9532,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 2 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 1st 76

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Edith Elliott

~~*Sex, Male*~~ *or Female,* { Cross out the word not required in this line. } .....

Age, 65 *Years,* ——— *Months,* ——— *Days.*

Color, Negress *Sex,* Female

~~*Married*~~, ~~*Single*~~, ~~*Widow*~~ *or Widower,* { Cross out the words not required in this line. }

Occupation, Washerwoman

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore Maryland

Duration of Residence in the City of Baltimore, During whole life

Place of Death, { Give street and number. } No 15 Le Roi Alley

Cause of Death, { First (Primary,) Phthisis Pulmonalis
{ Second (Immediate,)

Duration of Last Sickness, 12 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 3d

Wm. H. Dorsey M. D.
Medical Attendant.

{ *Undertaker,* [illegible]
{ *Place of Business,* [illegible] *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 9533,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 2 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 1st 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} David Bell

~~*Sex, Male or Female,*~~ {Cross out the word not required in this line.} Male

Age, 18 *Years,* —— *Months,* —— *Days.*

Color, Bk *Sex,* Male

~~*Married*~~, *Single,* ~~*Widow or Widower*~~ {Cross out the words not required in this line} Single

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, his life

Place of Death, {Give street and number.} 45 State Street

Cause of Death, First (Primary,) Typhoid fever

Second (Immediate,) 3 weeks

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Loudenslager

Date of Burial, May 3, 76

Undertaker, [illegible]

Place of Business, 64 Mulberry St

S. N. Butler M. D.
Medical Attendant.

Address 144 Mulberry St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 9534

OFFICE OF REGISTRAR OF VITAL STATIS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAY 2 1876 BALTIMORE.

Date of Death, April 28th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Susan Laurence

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, Sixteen *Years,* *Months,* *Days.*

Color, Colored *Sex,* Female

~~Married~~, Single, ~~Widow or Widower~~ {Cross out the words not required in this line.}

Occupation, House Work

Birthplace, {State or country (and how long in the United States, if of foreign birth.} St. Mary's County

Duration of Residence in the City of Baltimore, Since years

Place of Death, {Give street and number.} Caroline St. N. Orleans

Cause of Death, {First (Primary,) Cold and exposure

{Second (Immediate,) Consumption

Duration of Last Sickness, About five months

All the above information should be furnished by the Physician.

Place of Burial, Saint Vincent Cemetery

Date of Burial, May 2d 1876

Undertaker, Wm. H. Lange

Place of Business, No 104 East St.

Milton A. Taylor. M. D.
Medical Attendant.

Address 103 E. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 9533

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 2 1976 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 1

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Maud M. Mason

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.} ....

Age, 2 *Years,* 11 *Months,* — *Days.*

Color, Wh.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 107 Edmondson Ave

Cause of Death, {First (Primary,) Diphtheria

Second (Immediate.) One week

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Natl Mass. H Whitson M. D.

Date of Burial, May 2nd from Balto Medical Attendant.

Undertaker, Hughes & Co

Place of Business, 550 W Fayette St *Address* 207 Mad. Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Transit 431

Board of Health, City of Baltimore,

Permit No. 9536

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 2 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 1st

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Ann Brown

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 38 *Years,* — *Months,* — *Days.*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower.*~~ {Cross out the words not required in this line.}

Occupation, Nurse

Birthplace, {State or country (and how long in the United States, if of foreign birth)} Ireland living in U. S. 26 years

Duration of Residence in the City of Baltimore. 26 years

Place of Death, {Give street and number} 130 Eager St.

Cause of Death, {First (Primary.) Phthisis / Second (Immediate.)}

Duration of Last Sickness, Six years

All the above information should be furnished by the Physician.

Place of Burial, [illegible]

Date of Burial, [illegible]

{*Undertaker,* [illegible] / *Place of Business,* [illegible]} *Address* [illegible]

Jno McGeneran *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9537

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 2 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 1st 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Ann B. V. Collier

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 36 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Dress Maker

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, All her life

Place of Death, {Give street and number.} 48 Parkin Street

Cause of Death, First (Primary,) Stricture of Colon

Second (Immediate,) Inanition

Duration of Last Sickness, About 4 years

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County Section Hill

Date of Burial, May 3

Undertaker, J B Cook

Place of Business, 707 West Baltimore Address 132 W. Fayette St

M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9558

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 2 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, April 30th 4 P.M. 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Joseph Jackson

Sex, Male or Female, {Cross out the word not required in this line,} Male

Age, Years, 13 Months, Days.

Color, White

Married, Single, Widow or Widower, {Cross out the wor is not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth} Balto City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} 130 Granby

Cause of Death, {First (Primary,) Tubercular ~~Fever~~ Meningitis
Second (Immediate,)

Duration of Last Sickness, Since April 26th.

All the above information should be furnished by the Physician.

Place of Burial, Balto City

Date of Burial, May 3rd 1876

James E Donnelly M. D.
Medical Attendant.

Undertaker, Wm J Murphy

Place of Business, 46 E Balto

Address 299 E Balto St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children

[OVER.]

Board of Health, City of Baltimore,

Permit No. 9559

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 2 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Tuesday May 2nd/76. 3. P.M.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary A. McElroy

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} —

Age, 38 *Years,* — *Months,* — *Days.*

Color, White *Sex,* Female

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Galway Ireland — 28 years in U.S.

Duration of Residence in the City of Baltimore, 26 years.

Place of Death, {Give street and number.} no 70 N. Exeter St

Cause of Death, {First (Primary,) Consumption —

{Second (Immediate,)

Duration of Last Sickness, 12 months.

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Ground Abram B. Arnold, M. D.

Date of Burial, May 4th 1876 Medical Attendant.

{*Undertaker,* Thos. J. Hughes *Address* No 11 S. Wolfe St

{*Place of Business,* 60 E. Pratt

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 9560

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAY 3 1876 BALTIMORE

Date of Death, ———

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Unknown

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, About 40. *Years,* ——— *Months,* ——— *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Unknown

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} ———

Duration of Residence in the City of Baltimore, ———

Place of Death, {Give street and number.} Submerged — foot of Thames St. Wh.

Cause of Death, {First (Primary,) Drowning / Second (Immediate,)}

Duration of Last Sickness, ———

All the above information should be furnished by the Physician.

Place of Burial, E. Potters Field. *Attending Physician* W. Caldwell Ireland M. D.

Date of Burial, May 3 1876 Medical Attendant.

Undertaker, Chas Struppin Coroner's Dept.

Place of Business, Pratt Chester Sts *Address* 178 Aisquith St.

Extract from Regulations of the Board of Health, to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

OVER.

Board of Health, City of Baltimore,

Permit No. 9561

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last Illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 3 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 1st 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elijah Bird

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 29 *Years,* — *Months,* — *Days.*

Color, Colored *Sex,* Male

Married, ~~Single, Widow, Widower~~, {Cross out the words not required in this line.}

Occupation, Mariner

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Accomac Co Va

Duration of Residence in the City of Baltimore, Unknown

Place of Death, {Give street and number.} # 237 Exeter St

Cause of Death, First (Primary,) Congestion of Lungs

Second (Immediate,) Pneumonia

Duration of Last Sickness, Eight days.

All the above information should be furnished by the Physician

Place of Burial, Laurel Cemetery

Date of Burial, May 3 76

Lt. Beech M. D.
Medical Attendant.

Undertaker, W M Chase

Place of Business, 19 S Howard

Address 161 S. Howard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

Permit No. 9562 OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 3 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 2nd.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lucy Caiphen

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 4 *Years,* — *Months,* — *Days.*

Color, Black *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 3 Years

Place of Death, {Give street and number.} 93. Holcome alley

Cause of Death, First (Primary,) Pneumonia

Second (Immediate,)

Duration of Last Sickness, 3 Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 3 1876

Undertaker, Samuel H. Glass

Place of Business, 1918 Hanover st

Thos. Booth M. D.
Medical Attendant.

Address 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 9563 OFFICE OF REGISTRAR OF VITAL STATISTI

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 3 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May ~~April~~ 2. 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Pauline Lippy

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 2 3 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, ~~Single, Widow or Widower.~~ {Cross out the words not required in this line.}

Occupation, House keep.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 110 Carolin St. Balt.

Duration of Residence in the City of Baltimore, Always

Place of Death, {Give street and number.} N. Gilmor Str. near Franklin

Cause of Death, First (Primary,) Confinement (& Uterine trouble).

Second (Immediate,) Peritonitis

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Balt Cemetery

Date of Burial, May 4th

Undertaker, Joseph Loane

Place of Business, 568 W Balto St

H C Hallan M. D.
Medical Attendant.

Address 58 Lexington

I did not see this case until 20 hrs previous to death

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9564

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 3 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 3d 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Claude McGeady

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, 6 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Queenans Co. Md

Duration of Residence in the City of Baltimore, one week

Place of Death, {Give street and number.} Balto & Harrison st

Cause of Death, First (Primary,) Dysentery.

Second (Immediate,) —

Duration of Last Sickness, 6 days

All the above Information should be furnished by the Physician.

Place of Burial, Queen Anns Co Md

Date of Burial, May 4th 1876

Undertaker, Henry W. Mears

Place of Business, 145 N Gay st

L. A. Bohn M. D.

Medical Attendant.

Address 86 E. Fayette st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 9565 OFFICE OF REGISTRAR OF VITAL STATI...

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 3 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 2nd

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles Dyson

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 33 *Years,* *Months,* 1 *Days.*

Color, Black *Sex,*

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 12 Years

Place of Death, {Give street and number.} Univ. Hospital Cor Lombard & Sh

Cause of Death, First (Primary,) Necrosis of vertebra

Second (Immediate.) Paraplegia + asthenia

Duration of Last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, St. Patricks County

Date of Burial, May 3 1876

Undertaker, M. A. Daiger

Place of Business, 8 Broadway

T. Ashby M. D.
Medical Attendant.

Address Univ. Hospital.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 9566

OFFICE OF REGISTRAR OF VITAL STATIS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 3 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 2 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elmira Lucas

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 5 *Years,* 11 *Months,* 28 *Days.*

Color, Col'd *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Frederick Co Md

Duration of Residence in the City of Baltimore, 4 years

Place of Death, {Give street and number.} 238 Raborg Street

Cause of Death, {First (Primary,) Cold

{Second (Immediate,) Congestion of Lungs

Duration of Last Sickness, one Month

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery *Jamestown* M. D.

Date of Burial, May 4 1876 ~~Medical Attendant.~~

{*Undertaker,* John C. Jordon *Address* Commiss of Health

{*Place of Business,* Park St + Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Information by Clement Lucas father

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 9507

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 3 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 2nd

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Edward E. Johnston

~~*Sex,*~~ *Male or Female,* {Cross out the word not required in this line.}

Age, 40 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Mariner

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Arendale Norway

Duration of Residence in the City of Baltimore, 23 Years

Place of Death, {Give street and number.} N. E. Cor. Jefferson & Bethel

Cause of Death, First (Primary,) Consumption

Second (Immediate,)

Duration of Last Sickness, 4 Months

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cem

Date of Burial, May 4th 2. P.M.

Undertaker, Reid & Hare

Place of Business, 223 E Balto

John F. Lemmerine M. D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

Permit No. 9568 OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 3 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 1 St. 4½ P.M. 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Engleman

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 1 *Years,* *Months,* 5 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 20 N. Wolf St

Cause of Death, First (Primary.) Tubercles Meningitis

Second (Immediate,)

Duration of Last Sickness, 4 Weeks

All the above information should be furnished by the Physician

Place of Burial, G. (Uptons Glen.

Date of Burial, May 3rd 76

Undertaker, Chas E Russell *M. D.*
Medical Attendant.

Place of Business, 1628 Eastern Ave. *Address* 296 Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

SAFETY FILM

Board of Health, City of Baltimore,

Permit No. 9569

OFFICE OF REGISTRAR OF VITAL STATIS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 3 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 2nd 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Zirckel,

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, Twenty two *Years,* *Months,* *Days.*

Color, White *Sex,* Female.

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City Md.

Duration of Residence in the City of Baltimore, Life time,

Place of Death, {Give street and number.} 311 Canton Avenue,

Cause of Death, {First (Primary,) Typhoid Fever.
Second (Immediate,) One Week,

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, May 4 1876

Undertaker, Chas Roesing

Place of Business, 136. E. Fayette st.

Nicholas L. Bathell, M. D.
Medical Attendant.

Address 247 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

KODAK

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATIS

Permit No. 9570

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 3 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 1st 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Theresa Leutner.

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ___ *Years,* 5 *Months,* ___ *Days.*

Color, ___ *Sex,* Fem

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ___

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto, City

Duration of Residence in the City of Baltimore, ___

Place of Death, {Give street and number.} 415 Hamburg St.

Cause of Death, {First (Primary,) Scarlet Fever.
{Second (Immediate,) 5 days

Duration of Last Sickness, ___

All the above information should be furnished by the Physician.

Place of Burial, Smithhill Park Cemetry

Date of Burial, May 3d 1876

Undertaker, Adam Weidemeyer

Place of Business, 518½ W. Baltimore St.

R. J. H. Tall, M. D.
Medical Attendant.

Address 15 & Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 9571. OFFICE OF REGISTRAR OF VITAL STATISTI

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 3 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, April 30 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Francis McHenry

Sex, Male or Female, {Cross out the word not required in this line.} Female Male

Age, Years, 2½ Months, Days.

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Annapolis

Duration of Residence in the City of Baltimore. 2 Mo's

Place of Death, {Give street and number.} Cor Preston & Gilmor Sts

Cause of Death, {First (Primary,) Imperfect Dentition

{Second (Immediate,) Meal-Nutrition

Duration of Last Sickness, Life

All the above information should be furnished by the Physician

Place of Burial, Loudon Park

Date of Burial, May 3

Undertaker, C H Blizzard

Place of Business, 201 Penna av

Thos S Latimer M. D.
Medical Attendant.

Address 248 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTI

Permit No. 9572

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 3 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, April 30th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Columbus H. Shipley

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Years, 3 Months, Days.

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} Cor Gilmor & Presstman

Cause of Death, First (Primary,) Mal-Nutrition

Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician

Place of Burial, Lowerpark

Date of Burial, May 3

Undertaker, C H Blizzard

Place of Business, 201 Lanvale

Address 248 Madison Ave

Thos. S. Latimer M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. ~~X~~ 9573

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 3 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 2 d May 1876.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Maria Theresia Keller.

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 1 *Years,* 9 *Months,* 2 *Days.*

Color, white *Sex,* female

~~*Married, Single, Widow or Widower,*~~ {~~Cross out the words not required in this line.~~}

~~*Occupation,*~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, since birth.

Place of Death, {Give street and number.} 312 ~~N.W. Corner of~~ Orleans St. (Durham St.)

Cause of Death, {~~First (Primary,)~~ / Second (Immediate,)} Hydrocephalus acutus.

Duration of Last Sickness, three days

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, 3rd

Robert Anthon M. D.
Medical Attendant.

Undertaker, John Braun

Place of Business, 42 N. Broadway.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 9574

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 3 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 3d 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} David C. Stratton

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 50 *Years,* 4 *Months,* *Days.*

Color, White *Sex,*

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Clerk on Baltimore St

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Unknown

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 320 N. Eden "

Cause of Death, {First (Primary,) / Second (Immediate,)} Hemorrhage from Lungs

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, May 5th 1876.

Undertaker, Jr & H. Weaver,

Place of Business, 22 W. Lafayette St

Buckler Sons M. D.
Medical Attendant.

No 164 Address N Howard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 9575 — OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 3 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 2nd 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jacob Edelman

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, — *Years,* — *Months,* 2 *Days.*

Color, *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 200 S. Charles St,

Cause of Death, First (Primary,) Asthenia

Second (Immediate,)

Duration of Last Sickness, 2 days

All the above Information should be furnished by the Physician.

Place of Burial, Balto Cemetery James A Steuart M. D.

Date of Burial, May 4th 1876

Undertaker, Peter Frey

Place of Business, 90 Eastern Ave *Address* Commiss of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Jacob Edelman Grandfather

Board of Health, City of Baltimore,

Permit No. 9576

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 30 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Anna H. Thornton

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 4 *Years,* 9 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, all her life

Place of Death, {Give street and number.} Balto Harrison St

Cause of Death, {First (Primary,) Dysentery

Second (Immediate,)

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, London Park Cemetery

Date of Burial, April 4th 1876

Undertaker, Henry H. Mears

Place of Business, 415 N Gay St

C. Schnebly, M. D.
Medical Attendant.

Address 84 S. Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

{OVER.}

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 9577

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. BALTIMORE MAY 8 1876

CERTIFICATE OF DEATH.

Date of Death, 5th May 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lucien Bergmann

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, 15 *Years,* 11 *Months,* 24 *Days.*

Color, White *Sex,* Male

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, od

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since birth.

Place of Death, {Give street and number.} 112 Sharp St Baltimore

Cause of Death, First (Primary,) Heath Disease involving the values

Second (Immediate,) Bronchitis. Anasarca

Duration of Last Sickness, 10 Days

All the above information should be furnished by the Physician.

Place of Burial, Lloyd St Cemetery

Date of Burial, May 5th

Wm. Pope. *M. D.*
Medical Attendant.

Undertaker, Wm Eilau

Place of Business, 101 Gough St *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 9578

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 2nd 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Fredericka Horn

Sex, ~~Male~~ *Female,* {Cross out the word not required in this line,} Female

Age, — One — *Years,* — Six — *Months,* — — — — — — *Days.*

Color, White

~~Married, Single, Widow, Widower~~, {Cross out the words not required in this line.}

~~Occupation~~,

Birthplace, {State or country (and how long in the United States, if of foreign birth} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} No 11 Walker St

Cause of Death, {First (Primary,) Scarlet Fever

Second (Immediate,)

Duration of Last Sickness, Four days

All the above information should be furnished by the Physician.

Place of Burial, Balt. Cemetery

Date of Burial, May 4th.

Undertaker, Leonhard Kurz

Place of Business, S. Gay St.

Thomas D. Evans M. D.
Medical Attendant.

Address No 18 Jackson Square

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 9579

OFFICE OF REGISTRAR OF VITAL STATIS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 4 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 2. 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Georgianna Smith

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, Thirteen *Years,* — *Months,* — *Days.*

Color, Colored *Sex,* Female

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and number.} No 38 Davis St

Cause of Death, {First (Primary,) Phthisis Pulmonalis,
Second (Immediate,)

Duration of Last Sickness, Nine Months

All the above information should be furnished by the Physician.

Place of Burial, Loudon Cemetery

Date of Burial, May 4th

Undertaker, A. Wilson & Son

Place of Business, 64 Madison St

Thomas Sappington M. D.
Medical Attendant.

Address 70 Centre St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 9580

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a fast illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 4 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 2 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Eliz Tilghman

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 2 *Years,* 2 *Months,* *Days.*

Color, Col'd

Married, Single, Widow or Widower, {Cross out the words not required in this line.} "

Occupation, "

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt Md

Duration of Residence in the City of Baltimore, 2 yrs.

Place of Death, {Give street and number} N. 38 Orchard n Balt

Cause of Death, {First (Primary.) / Second (Immediate.)} Consumption

Duration of Last Sickness, 1 Month

All the above information should be furnished by the Physician

Place of Burial, Laurel Cemetery

Date of Burial, May 4th 1876

Undertaker, Williams & Fray

Place of Business, 68 Hanover, St

J. H. Patterson *M. D.*
Medical Attendant

Address 93 Franklin

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL S...

Permit No. 9581

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 4 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 3d 3. P. M.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Friedrich Danz

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 72 *Years,* ____ *Months,* ____ *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Shoemaker

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 18 years

Place of Death, {Give street and number.} No 37 Bank st

Cause of Death, {First (Primary,) Pulmonary Phthisis
{Second (Immediate,) Exhaustion

Duration of Last Sickness, three months

All the above information should be furnished by the Physician.

Place of Burial, Druid Hill Cem...

Date of Burial, May 5 1/2

Undertaker, Michael Funk

Place of Business, No 35 Bank

L. Wintermeyer M. D.
Medical Attendant.

Address 12 S Eden st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATI

Permit No. 9582

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 4 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 4 76

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Willie Burns Gantt

Sex, Male or Female, {Cross out the word not required in this line.}

Age, *Years,* 7 *Months,* 2 *Days.*

Color, White *Sex,* Male.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 760 Saratoga St. 4th West Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 760 " " " "

Cause of Death, First (Primary,) Bronchitis

Second (Immediate,)

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Calvert Co Md Thos. R. Dunnock M. D.

Date of Burial, May 4 1876 Medical Attendant.

{~~Undertaker~~, Virgil Gantt
Place of Business, 760 Saratoga St *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

(Transit 1433)

Board of Health, City of Baltimore,

Permit No. 9583.

OFFICE OF REGISTRAR OF VITAL STATIS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 4 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 2d 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Edward Queen

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, Forty Five *Years,* ——— *Months,* ——— *Days.*

Color, Colored *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Brick Mason

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt City

Duration of Residence in the City of Baltimore, from birth

Place of Death, {Give street and number.} Burgundy Alley No 51

Cause of Death, {First (Primary,) do not know

{Second (Immediate,) Phthisis Pulmonalis

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Prot Cathedral

Date of Burial, May 4 76

Undertaker, Samuel Kleiber

Place of Business 188 W Balto

Wm Connelly M. D.
Medical Attendant.

Address 28 South Gunst

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STA

Permit No. 9881

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of such deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REAL ESTATE DEPARTMENT MAY 4 1876 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 2d

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Beatrice Nash

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 1 ~~Month~~ *Years,* 6 *Months,* — *Days.*

Color, Black. *Sex,* Female

Married, Single, ~~Widow~~ or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 223 S. Eutaw St

Cause of Death, First (Primary,) Tubercular meningitis

Second (Immediate,) Hydrocephalus

Duration of Last Sickness, 3 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery Thos. Scott Jones M. D.

Date of Burial, May 4/76 Medical Attendant.

{*Undertaker,* Samuel Gilmor *Address* 146 Hanover St

{*Place of Business* 191 S Howard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of Illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATI

Permit No. 9585

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 4 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 3rd 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Catharine E. Geiger

Sex, Male ~~or~~ Female, {Cross out the word not required in this line.}

Age, *Years,* *Months,* 3 5 *Days.*

Color, W *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, 5 weeks

Place of Death, {Give street and number.} 47 Holland St

Cause of Death, First (Primary,) Marasmus

Second (Immediate,) Asthenia

Duration of Last Sickness, abt one week

All the above information should be furnished by the Physician.

Place of Burial, Balto. Cemetery

Date of Burial, May 4 1876

Undertaker, Chas Rossing

Place of Business, 136. E. Fayette.

Chas. M. Smith M. D.
Medical Attendant.

Address 49 East Balto St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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